ANNUAL STATEMENT

For the Year Ending December 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

| NAIC Group Code | | , 0000 | NAIC Compar | y Code | 67032 | Employer's II | D Number | 56-0340860 |
|---|--|---|--|--|---|---|---|--|
| Organized under | current perion the Laws of | (| | | State of Domicile | or Port of Entry | NORTH | CAROLINA |
| Country of Domici | ile United States | of America | | | | | | |
| Incorporated/Orga | anized | 02/28/1899 | | Comme | enced Business | | 04/01/1899 | |
| Statutory Home C | Office | 411 W. Chapel Hil | I Street , | | | Durham, NC 2770 | | |
| Main Administrativ | ve Office | (Street and Numl | per) 411 W. Cha | nel Hill S | • | ty or Town, State and | J Zip Code) | |
| Main Administrati | | | | and Numb | | | | |
| | | Ourham, NC 27701-3616 City or Town, State and Zip Co | ode) | | (Ar | (919) 682-920 ea Code)(Telephone | | |
| Mail Address | · | 411 W. Chapel Hill St | · | | , D | urham, NC 27701 | I-3616 | |
| | | (Street and Numl | • | | • | ty or Town, State and | d Zip Code) | |
| Primary Location | of Books and Re | cords | 411 W. C | napel Hill and Numb | | | | |
| | | rham, NC 27701-3616 | | | | (919) 682-92 | | |
| Later and Market and | • | City or Town, State and Zip Co | • | | (Ar | ea Code)(Telephone | Number) | |
| Internet Website A | | | allife.com | | | | | |
| Statutory Stateme | ent Contact | Kamlesh St (Nan | | | (, | (919) 313-78 Area Code)(Telephor | | |
| | | kshah@ncmutuallife.com | <u> </u> | | • | (919) 313-87 | | |
| | (| E-Mail Address) | | | | (Fax Number |) | |
| | | | PRINCIPAL OFFIC | EDC | *** | | | |
| | esident–Chief (ent of Adminis –Accounting S -Corporate Act -Group Market | Operating Officer stration/Human Resour ervices uary ing | | J R C I S | AMES HERBER RICHARD LEE H GRACIE ANN JO DAVID ALAN B STAFFORD LER ARTHELL DAM RONALD RUSSI | HALL DHNSON-LOPI AYLOCK OY THOMPSO ON DAVIS | EZ, SPHR ON, JR, FSA, | , MAAA |
| | | | DIRECTORS*** | | | | | |
| CAROL MOSE BERT COLLIN ELLIOTT SAW PHAIL WYNN | S, Chairman YER HALL | | ERSKINE BOYCE BOWLES JOE LOUIS DUDLEY, SR. JAMES HERBERT SPEED, JR. | 1 | ULIUS LEVONN NATHAN TAYLO THEODORE WAI | OR GARRETT, | | |
| State of N | orth Carolina | | | | | | | |
| County of | Durham | SS | | | | | | |
| all of the herein of statement, togeth condition and affa accordance with to or regulations rec Furthermore, the | described assets er with related exirs of the said repthe NAIC Annual quire differences scope of this atte | were the absolute proper chibits, schedules and expl corting entity as of the repo Statement Instructions and in reporting not related to station by the described off | epose and say that they are the described ty of the said reporting entity, free and anations therein contained, annexed or r riting period stated above, and of its inco d Accounting Practices and Procedures n accounting practices and procedures, ficers also includes the related correspon- losed statement. The electronic filing ma | clear fror eferred to me and d nanual ex according ding elect | n any liens or clain o, is a full and true seductions therefrom cept to the extent the oto the best of the tronic filing with the | ns thereon, excep statement of all the for the period end nat: (1) state law in ir information, kno NAIC, when require | at as herein state assets and liaded, and have be may differ; or, (owledge and be red, that is an e | ated, and that this abilities and of the peen completed in (2) that state rules elief, respectively. |
| | (Signature) | | (Signature) | | | | (Signature) |) |
| J | ames Herbert Sp | _ | Richard Curtis Barr | | | | David Alan B | |
| | (Printed Nam 1. | e) | (Printed Name 2. |) | | | (Printed Nan 3. | ne) |
| | President, CE | EO | Corporate Secreta | ry | | Vice P | | unting Services |
| Subscribed and s | (Title) worn to before m | e this | (Title) | | | | (Title) | |
| | | | | | | | | |
| day of | February | , 2009 | a. I | s this an | original filing? | | Yes [X] N | No [] |
| (Notary | y Public Signature |) | b. I | | State the amenda Date filed Number of pages | _ | | |



DIRECT BUSINESS IN THE STATE OF ALABAMA

NAIC Group Code: 0000 LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

.... 78,199,597 | 11 | 8,580 | 632 | 84,016,273 |

| INAI | C Group Code: 0000 | | | | LIFE INSURA | INCE | | NAI | C Company | Code: | 0/032 |
|------------|--|-------------|-------------|----------|--|----------|-------------|---------|-----------------|--------|--------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | an. | 2 Credit Life (Group and Individ | ual\ | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | . , | | | Gloup | | | 31 | 203,274 |
| 2. | Annuity considerations | | | | | | | I . | | 1 | |
| 3. | Deposit-type contract funds | | | | | | | - 1 | X X X | | |
| 4. | Other considerations | | | | | | | - 1 | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 203,212 | | | | I . | | | 203,274 |
| DI | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | · |
| | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | 239 | | | | | | | 239 |
| | 6.2 Applied to pay renewal premium | | | | | | | I . | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | 309 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 548 | | | | | | | 548 |
| Annu | ıities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| • | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 548 | | | | | | | 548 |
| | DIRECT CLAIMS AND BENEFITS | | | 00.000 | | | | | | | 00.000 |
| 9. | Death benefits | | | | | | | | | | 22,000 |
| 10. 11. | Matured endowments | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | 1 | 1.713 |
| 13. | Aggregate write-ins for miscellaneous | | • | 1,7 10 | | | | | | | 1,710 |
| 10. | claims and benefits paid | alloot | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | 23,713 | | | | | | | 23,713 |
| DET/ | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | 1398) (Line | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | , | up and Individual) | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | Nimber | A t | & Group | A | Certi- | A 4 | Nimakaa | A | M | A t |
| 40 | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 69 | 5,197 | | | | | 134 | 8,166 | 203 | 13,363 |
| 17. | Incurred during current year Settled during current year: | 12 | 82,065 | | | | | 1 | 66 | 13 | 82,131 |
| 18.1 | By payment in full | l 7 | 22,000 | | | | | | | 7 | 22,000 |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | 7 | | 1 | | | | | | | |
| 18.4 | Reduction by compromise | I | | | | | [| | [| | |
| 18.5 | Amount rejected | I | | 1 | | | | | | | |
| 18.6 | Total settlements | 7 | | | | | | | | 7 | 22,000 |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | 74 | 65,262 | | | | | 135 | 8,232 | 209 | 73,494 |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 525 | | | (a) | 1 | 83,198,972 | 12 | 8,841 | 538 | 87,995,274 |
| 21. | Issued during year | 534 | | | | | | | | 534 | 6,148,115 |
| 22. | Other changes to in force (Net) | (439) | (5,127,480) | | | | (4,999,375) | (1) | (261) | (440) | (10,127,116) |
| 23. | In force December 31 of current | 620 | E 000 000 | | | | 79 100 507 | | 0 500 | 622 | 04 046 272 |
| | | | | | | | | | | | |

.... 620 5,808,096 (a)..

ACCIDENT AND HEALTH INSURANCE

| | ACCIDEN | I AND HEALT | 1111100117110 | L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 789 | 774 | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 789 | 774 | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | | | | |



DIRECT BUSINESS IN THE STATE OF ALASKA

LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | NCE | | NA | IC Company | Code: | 67032 |
|----------------------------|---|---------------|-------------|----------------------------------|--|-----------------------------|------------|--------|-----------------|--------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | ary | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. 2. 3. 4. 5. | Life Insurance | | | | XXX | | | | XXX | | |
| 1 | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| Life I | Section 2015 | is | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annu 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) | ities | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. 10. 11. 12. | Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for li | ife contracts | | | | | | | | | |
| 13. 14. | Aggregate write-ins for miscellaneous of claims and benefits paid | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. 1303. | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin overflow page | e 13 from | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | 398) (Line | | | | | | | | | |
| | 1 | , | Ordinary | (Grou | Credit Life up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Number | Amount | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | Number | Amount | Number | Amount |
| 16. 17. | Unpaid December 31, prior year Incurred during current year Settled during current year: | 1 | | | | | | | | 2 1 | |
| 18.1 18.2 | By payment in full | | | | | | | | | | |
| 18.3 18.4 | Totals paid | | | | | | | | | | |
| 18.5 | Amount rejected | | | 1 | | | | | | | |
| 18.6 | | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 3 | | | | | | | | 3 | 100 |
| | POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. | In force December 31, prior year | 16 | 18,078 | | (a) | | 18,926,031 | | | 16 | 18,944,109 |
| 21. 22. 23. | Issued during year Other changes to in force (Net) In force December 31 of current | (3) | (2,035) | | | | 978,645 | | | (3) | 976,610 |
| ۷٥. | In force December 31 of current | 13 | 16 043 | | (a) | | 19 904 676 | | | 13 | 19 920 719 |

(a) Includes Individual Credit Life Insurance prior year \$...........0, current year \$..........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$...........0, current year \$...........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.............0, current year \$............0.

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |



DIRECT BUSINESS IN THE STATE OF ARIZONA

LIFE INSURANCE

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | NAI | IAIC Company Code: 67032 | | | | |
|--------------|---|----------|------------|----------|--------------------|----------|-------------|--------|--------------------------|----------|-------------|--|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordin | | 2 Credit Life | idual) | 3 | | 4 | | 5 | | |
| 1. | Life Insurance | | Ordin | | (Group and Indiv | | Group | | Industrial | | Total | | |
| 2. | Annuity considerations | | | | | I | | | | | | | |
| 3. | Deposit-type contract funds | | | | | I | | | X X X | | | | |
| 4. 5. | Other considerations | | | | | I | | | | | | | |
| - | IRECT DIVIDENDS TO POLICYHO | | | | | | | | | | | | |
| | Insurance: | PLDLING | | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit . | | | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | | | |
| | paying period | | | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | | |
| A | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | | |
| Annu | uities: 7.1 Paid in cash or left on deposit. | | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | I | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | | | |
| 12. 13. | Surrender values and withdrawals for I Aggregate write-ins for miscellaneous | | | | | | | | | | | | |
| 10. | claims and benefits paid | | | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | | | |
| 1301. | AILS OF WRITE-INS | | | | 1 | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | | | |
| 1300 | overflow page | | | | | | | | | | | | |
| 1000. | 13 above) | , , | | | | | | | | | | | |
| | 1 | | ' | | Credit Life | | | ' | | | | | |
| | | | Ordinary | , | up and Individual) | | Group | | Industrial | 0 | Total | | |
| | | 1 | 2 | No. of | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | | | |
| | AND MATURED | l l | | & Group | | Certi- | | | | | | | |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number 1 | Amount 49 | Certifs. | Amount | ficates | Amount | Number | Amount | Number 1 | Amount 49 | | |
| 17. | Incurred during current year | | 49 | | | | | | | | 49 | | |
| | Settled during current year: | | | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | | | |
| 18.2 18.3 | By payment on compromised claims . Totals paid | | | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | | | |
| 18.5 | Amount rejected | l I | | | | | | | | | | | |
| 18.6 19. | Total settlements | | | | | | | | | | | | |
| 19. | 16 + 17 - 18.6) | 1 | 49 | | | | | | | l 1 | 49 | | |
| | , | | | 1 | | No. of | | 1 | | | 1111111 | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | | | |
| 20. 21. | In force December 31, prior year Issued during year | 13 | 29,362 | | (a) | | 71,100,155 | | | 13 | 71,129,517 | | |
| 22. | Other changes to in force (Net) | | | l . | | | (2,360,645) | | | | (2,360,645) | | |
| 23 | In force December 31 of current | | | | | 1 | (=,555,510) | | 1 | | (=,000,010) | | |

. 13

. 29,362

ACCIDENT AND HEALTH INSURANCE

68,739,510

(a).

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ARKANSAS

DURING THE YEAR 2008

| NAI | C Group Code: 0000 | | | | LIFE INSURA | ANCE | | NA | IAIC Company Code: 67032 | | | | |
|--------------|---|-----------|-------------|---------------------|---------------------------------------|------------------|---------------|--------|--------------------------|--------|-------------|--|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | arv | 2 Credit Life (Group and Indivi | dual) | 3 Group | | 4 Industrial | | 5 Total | | |
| 1. | Life Insurance | | _ | | | | | | | | 9 | | |
| 2. | Annuity considerations | | | | | | | | | | | | |
| 3. 4. | Deposit-type contract funds Other considerations | | | | | | | | X X X | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | 9 | | |
| | RECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit .6.2 Applied to pay renewal premium | | | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | | | |
| | paying period | | | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | | |
| Annu | uities: | | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu | :#:aa | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu 7.3 Other | | | | | I . | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | | | |
| 9. | Direct claims and Benefits Death benefits | | | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | | | |
| 12. 13. | Surrender values and withdrawals for I Aggregate write-ins for miscellaneous | | | | | | | | | | | | |
| 10. | claims and benefits paid | | | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | | | |
| 15. | Totals AILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| 1396. | Summary of remaining write-ins for Lin overflow page | | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | | | |
| | 13 above) | | | | | ····· · | | | | | | | |
| | 1 | | Ordinary | (Grou | Credit Life up and Individual) | | Group | | Industrial | | Total | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | DIDEOT DEATH DENESTO | | | No. of | | ,, , | | | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | Ind.Pols & Group | | No. of Certi- | | | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount | | |
| 16. | Unpaid December 31, prior year | 21 | 1,131 | | | | | | | 21 | 1,131 | | |
| 17. | Incurred during current year Settled during current year: | | | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | | | |
| 18.3 18.4 | Totals paid | | | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 21 | 1,131 | | | | . | | | 121 | 1,131 | | |
| | | | | | | No. of | | | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | | | |
| 20. 21. | In force December 31, prior year Issued during year | 9 | 4,725 | | (a) | | | | | 9 | 40,334,768 | | |
| 22. | Other changes to in force (Net) | | (7) | | | | . (4,025,638) | | | (1) | (4,025,645) | | |
| 23. | In force December 31 of current | , , | | | | | , , , , , | | | ' | , , , , | | |
| | year | 8 | 4,718 | | (a) | | 36,304,405 | | | 8 | 36,309,123 | | |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | ANDILALI | | — | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | | |
| 24.1 | Group Policies (b) Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF CALIFORNIA

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| INAI | IC Group Code: 0000 | | 1 . | | LIFE INSURA | INCE | 2 | INA | IC Company | Coue: I | 51032 |
|---|--|---------------------------------|---|---|--|--------------------------------------|-----------------|-------------|----------------------|-----------------------|---|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | 201 | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| | Life Insurance | | Ordina | | | | 24, | 347 | mousman | | 10tai |
| 2. | Annuity considerations | | | - , - | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | X X X | | |
| ļ. | Other considerations | | | | | | | | | | |
| j | Totals (sum of Lines 1 to 4) | | | 32,416 | | | | 347 | | | 56,762 |
| | IRECT DIVIDENDS TO POLICYHO | ILDERS | | | | | | | | | |
| Lite | Insurance: 6.1 Paid in cash or left on deposit | | | 1 660 | | | | | | | 1 660 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | ium - | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | _ | | _ | 3.480 |
| ۸nnı | uities: | | | 3,400 | | | | | | | 3,40 |
| AIIII | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| _ | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 3,480 | | | | | | | 3,480 |
| 9. | DIRECT CLAIMS AND BENEFITS Death benefits | | | 2 005 | | | | | | | 3,985 |
| 9. 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | i | 8,724 | | | | | | | 8,724 |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| 14. | claims and benefits paid | hoolth | | | | | | | | | |
| 14. 15. | All other benefits, except accident and Totals | | | | | | | | | | |
| _ | AILS OF WRITE-INS | | | 12,001 | | | | | | | |
| | | | | | Ī | | | | | | |
| | | | | | | | | | | | |
| | • | | | | | | | | | | |
| 1398. | . Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1300 | | | | | | | | | | | |
| 1000. | . Totals (Lines 1301 through 1303 plus 1 | 1398) (Line | | | | | | | | | |
| 1000. | . Totals (Lines 1301 through 1303 plus 1 13 above) | 1398) (Line | | | | | | | | | |
| 1000. | | 1398) (Line | | | Credit Life | | | | | | |
| 1000. | | 1398) (Line | | | | | | | | | |
| 1000. | | 1398) (Line | Ordinary | (Grou | Credit Life p and Individual) | | Group | | Industrial | | Total |
| 1000. | 13 above) | 1398) (Line | Ordinary | (Grou 3 No. of Ind.Pols | Credit Life p and Individual) | 5 No. of | Group | | Industrial | | Total |
| 1000. | 13 above) | (1398) (Line | Ordinary 2 | (Grou 3 No. of Ind.Pols & Group | Credit Life p and Individual) 4 | 5 No. of Certi- | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | 13 above) | 1398) (Line | Ordinary 2 Amount | (Grou 3 No. of Ind.Pols | Credit Life p and Individual) | 5 No. of | Group | 7 Number | Industrial | 9 Number | Total 10 |
| 16. | 13 above) | 1398) (Line 1 1 Number | Drdinary 2 Amount 7,985 | (Grou 3 No. of Ind.Pols & Group | Credit Life p and Individual) 4 | 5 No. of Certificates | Group 6 | 7 Number | Industrial 8 | 9 Number14 | Total 10 Amount 7,985 |
| | 13 above) | 1398) (Line | Ordinary 2 Amount | (Grou 3 No. of Ind.Pols & Group | Credit Life p and Individual) 4 | 5 No. of Certi- | Group 6 | 7 Number | Industrial 8 | 9 Number | Total 10 Amount 7,985 |
| 16. 17. 18.1 | 13 above) | 1398) (Line 1 1 Number | Drdinary 2 Amount 7,985 | (Grou 3 No. of Ind.Pols & Group | Credit Life p and Individual) 4 | 5 No. of Certificates | Group 6 | 7 Number | Industrial 8 | 9 Number14 | Total 10 |
| 16. 17. 18.1 18.2 | 13 above) | 1398) (Line 1 Number 145 | Amount | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 | 5 No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 | 9 Number1455 | Total 10 Amount 7,985 |
| 16. 17. 18.1 18.2 18.3 | 13 above) | 1398) (Line | Amount 7,985 8,564 4,985 4,985 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 | 9 Number1455 | Total 10 Amount 7,985 8,564 4,985 |
| 16. 17. 18.1 18.2 18.3 18.4 | 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise | Number | Amount 7,985 8,564 4,985 4,985 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | 5 No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 | 9 Number1455 | Total 10 Amount 7,985 8,564 4,985 |
| 16. 17. 18.1 18.2 18.3 | 13 above) | 1398) (Line | Amount 7,985 8,564 4,985 4,985 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | 5 No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 | 9 Number | Total 10 Amount 7,985 4,985 |
| 16. 17. 18.1 18.2 18.3 18.4 18.5 | 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines | 1398) (Line 1 Number 1455 | Amount 7,985 8,564 4,985 4,985 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | 5 No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 | 9 Number1455 | Total 10 Amount 7,988 4,988 |
| 16. 17. 18.1 18.2 18.3 18.4 18.5 | 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements | 1398) (Line | Amount 7,985 8,564 4,985 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | 5 No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 | 9 Number1455 | Total 10 Amount 7,985 8,564 4,985 4,985 |
| 16. 17. 18.1 18.2 18.3 18.4 18.5 | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1398) (Line 1 Number 1455 | Amount 7,985 8,564 4,985 4,985 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 Amount | 9 Number1455 | Total 10 Amount 7,985 8,564 4,985 4,985 |
| 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | Number | Amount 7,985 8,564 4,985 4,985 11,564 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 Amount | 9 Number1455514 | Total Amount 7,985 8,564 4,985 4,985 11,564 |
| 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19. | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year | 1398) (Line | Amount 7,985 8,564 4,985 4,985 11,564 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 Amount | 9 Number145555 | Total 10 Amount 7,985 8,564 4,985 4,985 11,564 |
| 16. 17. 18.1 18.2 18.3 18.4 19. | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year | 1398) (Line | Amount 7,985 8,564 4,985 4,985 11,564 3,357,277 581,172 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | No. of Certificates | Group 6 Amount | 7 Number | Industrial 8 Amount | 9 Number | Total Amount 7,985 8,564 4,985 4,985 11,564 353,637,914 581,172 |
| 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19. | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year | Number | Amount 7,985 8,564 4,985 4,985 11,564 | (Grou 3 No. of Ind.Pols & Group Certifs. | Credit Life p and Individual) 4 Amount | No. of Certificates No. of Policies | Group 6 Amount | 7 Number | Industrial 8 Amount | 9 Number145551490216 | Total 10 Amount 7,985 8,564 4,985 4,985 11,564 |

846

3,245,375

ACCIDENT AND HEALTH INSURANCE

297,214,035

| | ACCIDENT | AND HEALT | II INSURAING | · C | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | 1,519,815 | 1,650,848 | | 837,498 | 837,498 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | 1,615 | | | |
| 25.6 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | 1,615 | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1.521.429 | 1.652.463 | | | 837.498 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF COLORADO

DURING THE YEAR 2008

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | | NAI | 67032 | | |
|-------------|---|---------|------------|---------------------|-----------------------|-------------------|-----|-------------|----------|--------------|--------|-------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | | 3 | | 4 | | 5 |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordina | | (Group and Indivi | | | Group | | Industrial | | Total |
| 2. | Annuity considerations | | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | | X X X | | |
| 4. 5. | Other considerations | | | | | | | | | | | |
| - | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | | |
| | nsurance: | PLDLING | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit . | | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit shorten the endowment or prem | | | | | | | | | | | |
| | paying period | | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | |
| A | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | |
| Annı | 7.1 Paid in cash or left on deposit. | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | ' - | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | | |
| 14. 15. | All other benefits, except accident and | | | | | | | | | | | |
| | Totals AILS OF WRITE-INS | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303. | 2 | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin overflow page | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | | |
| | 13 above) | , , | | | | | | | | | | |
| | 1 | | S # | (0 | Credit Life | | , | 2 | | | | T |
| | | 1 | Ordinary 2 | (Gro | up and Individual) 4 | 5 | - (| Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | | | - | No. of | | | | ŭ | , | Ĭ | ľ | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. o | | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | & Group Certifs. | Amount | Certi- ficate: | | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 1 | 100 | | Amount | licate | | Amount | Nullibel | Amount | 1 | |
| 17. | Incurred during current year | | | | | | | | | | | |
| 1.0.4 | Settled during current year: | | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | . | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | | |
| 18.6 19. | Total settlements | | | | | | . | | | | | |
| 13. | 16 + 17 - 18.6) | | 100 | | | | . | | | | 1 | 100 |
| | | | | | | No. o | f | | | | | |
| 00 | POLICY EXHIBIT | 0. | 20 === | | | Policie | es | 70.050.465 | | | 2. | 70.000.000 |
| 20. 21. | In force December 31, prior year | 21 | 23,722 | | (a) | | . | 70,959,485 | | | 21 | 70,983,207 |
| 22. | Other changes to in force (Net) | | | | | | | (6,135,631) | | | (1) | (6,135,707) |
| 23. | In force December 31 of current | ' ' ' | () | | | | - 1 | (-,,, | | | ' '.' | (-,,) |

20

. 23,646

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALI | 1111100174110 | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF CONNECTICUT

NAIC Group Code: 0000 LIFE INSURANCE

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAIC Group Code: 0000 | | | | LIFE INSURA | NCE | | NAI | C Company | y Code: | 67032 |
|---|--------------|----------|----------|-----------------------------------|------------|-------------|----------|------------|-----------------------|------------|
| DIDECT BREWWAY | | 1 | | 2 | | 3 | | 4 | | 5 |
| DIRECT PREMIUMS AND ANNUITY CONSIDERAT | IONS | Ordin | arv | Credit Life (Group and Individ | ual) | Group | | Industrial | | Total |
| . Life Insurance | | | | | | Gloup | | | | |
| . Annuity considerations | | | | | | | | | I | |
| . Deposit-type contract funds | | | | XXX | | | | X X X | | |
| . Other considerations | | | | | | | I | | | |
| . Totals (sum of Lines 1 to 4) | | | 85 | | | | | | | 85 |
| DIRECT DIVIDENDS TO POLICE | YHOLDERS | | | | | | | | | |
| ife Insurance: | 11 | | | | | | | | | |
| 6.1 Paid in cash or left on dep 6.2 Applied to pay renewal pre | | | | | | | I | | | |
| 6.2 Applied to pay renewal pre6.3 Applied to provide paid-up | additions or | | | | | | | | | |
| shorten the endowment or | | | | | | | | | | |
| paying period | | | 63 | i | | | | | | 63 |
| 6.4 Other | | | | | | | | | | |
| 6.5 Totals (sum of Lines 6.1 to | 6.4) | | 67 | | | | | | | 6 |
| Annuities: | | | | | | | | | | |
| 7.1 Paid in cash or left on dep | | | | | | | | | | |
| 7.2 Applied to provide paid-up 7.3 Other | | | | | | | I | | | |
| 7.4 Totals (sum of Lines 7.1 to | | | | | | | | | | |
| 3. Grand Totals (Lines 6.5 plus 7.4) | | | | | | | I | | | 6 |
| DIRECT CLAIMS AND BENE | FITS PAID | | | | | | | | | - |
| Death benefits | | | 1,000 | | | | | | | 1,000 |
| 10. Matured endowments | | | | | | | | | | |
| 1. Annuity benefits | | | | | | | | | | |
| Surrender values and withdrawals | | S | (324) | | | | | | | (324 |
| Aggregate write-ins for miscelland claims and benefits paid | eous airect | | | | | | | | | |
| 4. All other benefits, except acciden | and health | | | | | | I | | | |
| 15. Totals | | | | | | | I | | | 676 |
| DETAILS OF WRITE-INS | | | | | | | | | - | |
| 1301. | | | | Ī | | | | | | |
| 1302. | | | | | | | I | | | |
| 1303 | | | | | | | | | | |
| 1398. Summary of remaining write-ins f | | | | | | | | | | |
| overflow page | | | | | | | | | | |
| 1399. Totals (Lines 1301 through 1303 13 above) | | | | | | | | | | |
| 13 above) | | | | Credit Life | 1 | | | | · · · · · · · · · · | |
| ı | | Ordinary | (Grou | up and Individual) | | Group | ١, | Industrial | | Total |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | No. of | | | | | | | |
| DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| AND MATURED | | | & Group | | Certi- | | | | l | |
| ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. Unpaid December 31, prior year17. Incurred during current year | | | | | | | | | 2 | 1,000 |
| Settled during current year: | | 1,000 | | | | | | | 1 | 1,000 |
| 18.1 By payment in full | 1 | 1,000 | | | | | | | 11 | 1.000 |
| 18.2 By payment on compromised cla | ims | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 8.4 Reduction by compromise | | | | | | | | | | |
| 8.5 Amount rejected | | | | | | | | | | 4.00 |
| 8.6 Total settlements | | 1,000 | | | | | | | 1 | 1,000 |
| 9. Onpaid Dec. 51, current year (Lir | 2 | 434 | | | | | | | 2 | 434 |
| 10 - 17 - 10.0/ | 2 | | | | No. of | | <u> </u> | | +2 | |
| POLICY EXHIBIT | | | | | Policies | | | | | |
| 0. In force December 31, prior year | 38 | 104,926 | | (a) | | 30,677,012 | | | 38 | 30,781,93 |
| 1. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) . | (3) | (2,825) | | | | (8,770,897) | | | (3) | (8,773,722 |
| | | | 1 | I . | 1 | i | 1 | I | 1 | 1 |
| 23. In force December 31 of current year | 35 | 102,101 | | (a) | | 21,906,115 | | | 35 | 22,008,216 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |



DIRECT BUSINESS IN THE STATE OF DELAWARE

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| יואאוי | C Group Code. 0000 | | | | LIFE INSUR | TINCL | | INA | C Company | Coue. | 07032 |
|--------------|---|-----------|-------------|----------|---------------------------------------|----------|-------------|---------|-----------------|----------|-------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | ary | 2 Credit Life (Group and Indivi | dual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | | | | | | | | 82 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 82 | | | | | | | 82 |
| | IRECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | |
| Life I | nsurance: | | | 40 | | | | | | | 40 |
| | 6.1 Paid in cash or left on deposit | | | | | | | I | | I | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | 58 | | | | | | | 58 |
| | 6.4 Other | | | | | | | I . | | I | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 68 | | | | | | | 68 |
| Annu | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu7.3 Other | | | | | I | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 68 | | | | | | | 68 |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | 72 | ,543 | | | 226,588 |
| 10. | Matured endowments | | | | | I | | 1 | | | |
| 11. | Annuity benefits | | | | | | | | | | 754 |
| 12. 13. | Aggregate write-ins for miscellaneous | | 5 | /51 | | | | | | | /51 |
| 13. | claims and benefits paid | ullect | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | I | | I | |
| 15. | Totals | | | 154,797 | | | 72 | | | | 227,339 |
| DET/ | AILS OF WRITE-INS | | ' | | • | | | ' | | ! | |
| | | | | | Ī | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | O 1' | /0 | Credit Life | | 0 | | | | T |
| | | 1 | Ordinary 2 | 3 | up and Individual) | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | | ' | 2 | No. of | 4 |) 5 | 0 | ' | 0 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 18.4 | Totals paid | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | <u></u> | | | | <u></u> | | | |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 19 | 237,142 | | (a) | | 10,713,979 | | | 19 | 10,951,121 |
| 21. | Issued during year | | (70.005) | | | | /4 547 540 | | | | (4.000.545) |
| 22. | Other changes to in force (Net) | (3) | (79,035) | | | | (1,547,510) | | | (3) | (1,626,545) |
| 23. | In force December 31 of current | 16 | 158 107 | | (a) | | 9 166 469 | | | 16 | 9 324 576 |

16

158,107

ACCIDENT AND HEALTH INSURANCE

9,166,469

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF **DISTRICT OF COLUMBIA**

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | NCE | | NAI | C Company | Code: | 67032 |
|--------------|---|------------|------------------------|----------|-----------------------------------|----------|-------------|------------|---------------|------------|-----------------------|
| | DIDECT DDELIUMO | | 1 | | 2 | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | arv | Credit Life (Group and Individ | lual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | . , | | | | | | 36 | |
| 2. | Annuity considerations | | | 9,042 | | | | | | | 9,042 |
| 3. 4. | Deposit-type contract funds | | | | | | | | | | |
| 4. 5. | Totals (sum of Lines 1 to 4) | | | 496.955 | | | | | 5.3 | 36 | 502.291 |
| DI | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | I | | | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | 1 | 7,444 |
| | 6.4 Other | | | | | | | | | | |
| Annı | 6.5 Totals (sum of Lines 6.1 to 6.4) iities: | | | 13,082 | | | | | | 1 | 13,083 |
| Aiiiiu | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | ities | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | 13 082 | | | | | | 1 | 13 083 |
| | DIRECT CLAIMS AND BENEFITS | | | 10,002 | | | | | | 1 | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | -, | | | | | - / | | 10,072 |
| 11. 12. | Annuity benefits | | | | | | | | | | 157,953 |
| 13. | Aggregate write-ins for miscellaneous | | • | 155,576 | | | | | | 70 | 157,955 |
| | claims and benefits paid | | | | | | | I | | | |
| 14. 15. | All other benefits, except accident and Totals | | | | | | | | | | |
| _ | AILS OF WRITE-INS | | | 550,7 15 | | | | | | 23 | 351,330 |
| | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | I | | I | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin overflow page | e 13 from | | | | | | | | | |
| 1399 | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| .000. | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | 1 | Ordinary 2 | (Grou | p and Individual) 4 | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | | 1 | 2 | No. of | 4 | 5 | 6 | / | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number 164 | Amount 70,730 | Certifs. | Amount | ficates | Amount | Number 598 | Amount 47,309 | Number 762 | Amount 118,039 |
| 10. 17. | Incurred during current year | 91 | 409,671 | | | | 500 | 107 | | 199 | 446,452 |
| | Settled during current year: | | | | | | | | , | | |
| 18.1 | By payment in full | 80 | | | | 1 | | | 35,889 | 146 | 430,439 |
| 18.2 18.3 | By payment on compromised claims . Totals paid | 80 | 394 550 | | | | | 66 | 35,889 | 146 | 430,439 |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 19. | Total settlements | 80 | 394,550 | | | | | 66 | 35,889 | 146 | 430,439 |
| 13. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 175 | 85,851 | | | 1 | 500 | 639 | 47,701 | 815 | 134,052 |
| | | 11.1.11.0 | | | | No. of | | 000 | | 010 | 131,032 |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 3,847 | | | (a) | | 126,958,232 | 3,857 | 1,510,846 | | 154,352,295 |
| 21. 22. | Other changes to in force (Net) | 20 | 616,501 (1,784,783) | | | | 13,473,115 | (146) | (72,626) | 20 | 616,501 11,615,706 |
| 23. | In force December 31 of current | (201) | (1,104,100) | | | | 10,170,110 | (140) | (12,020) | (3/7) | 11,010,700 |
| | vear | 3 636 | 24 714 935 | 1 | (a) | | 140 431 347 | 3 711 | 1 438 220 | 7 347 | 166 584 502 |

3,636

(a) Includes Individual Credit Life Insurance prior year \$............0, current year \$...........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$...........0, current year \$.....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$...........0, current year \$......

24,714,935

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDEN | I AND DEALI | H INSURANC | · 드 | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 14,497 | 14,575 | | 5,040 | 4,328 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 1,734 | | | | |
| 25.6 | Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | 16,231 | 16,320 | | 5,040 | 4,328 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,231 | 16,320 | | 5,040 | 4,328 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF FLORIDA

NAIC Group Code: 0000

LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| | | | 1 | | 2 | | | 3 | | 4 | | 5 |
|--------------|---|---------------|-----------|---------------------------------------|-----------------------------------|--------------------|-----|--------------|--------|-------------|--------|--------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | on. | Credit Life (Group and Individ | uol\ | | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | | 234. | 612 | iliuustilai | | 242.549 |
| 2. | Annuity considerations | | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | | |
| | Totals (sum of Lines 1 to 4) | | | 1,931 | | | | 234, | 012 | | | 242,549 |
| | nsurance: | LDEKS | | | | | | | | | | |
| Life | 6.1 Paid in cash or left on deposit | | | 179 | | . | | | | | . | 179 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | | |
| | shorten the endowment or prem paying period | iium - | | 150 | | | | | | | | 159 |
| | 6.4 Other | | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | 339 |
| Annu | | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu7.3 Other | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | | 339 |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | |
| 9. 10. | Death benefits | | I | | | | | | | | | |
| | Annuity benefits | | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | ife contracts | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | | |
| DETA | AILS OF WRITE-INS | | • | | | | | | • | | | |
| 1301. | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303. | Summary of remaining write-ins for Lin | | | | | | | | | | | |
| | overflow page | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | , , | | | | | | | | | | |
| | 13 above) | | | · · · · · · · · · · · · · · · · · · · | 0 171.76 | <u> </u> . | | | | | . | |
| | ı | 0 | Ordinary | (Gro | Credit Life up and Individual) | | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | Ind.Pols & Group | | No. of Certi- | | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 14 | 794 | | | | | | | | 14 | 794 |
| 17. | Incurred during current year | | | | | | . 3 | 262,000 | | | 3 | 262,000 |
| 10 1 | Settled during current year: By payment in full | | | | | | 2 | 262,000 | | | 3 | 262,000 |
| 18.1 18.2 | By payment in full | | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | . 3 | 262,000 | | | 3 | 262,000 |
| 18.4 | Reduction by compromise | | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | 1 1 | | | | | | 262,000 | | | 3 | 262,000 |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | 202,000 | | | | |
| | 16 + 17 - 18.6) | 14 | 794 | | | | | | | | 14 | 794 |
| | POLICY EXHIBIT | | | | | No. of Policies | | | | | | |
| 20. | In force December 31, prior year | 61 | 691,874 | | (a) | ruicies | . 1 | 282,829,705 | | | 62 | 283,521,579 |
| 21. | Issued during year | 2 | 37,768 | | (u) | | . 1 | 44,037,900 | | | 3 | 44,075,668 |
| 22. | Other changes to in force (Net) | (8) | (112,119) | | | (| (1) | (48,831,943) | | | (9) | (48,944,062) |
| 23. | In force December 31 of current | 55 | 617 500 | | (2) | | 1 | 278 025 662 | | | 56 | 278 652 105 |
| | year | 55 | 617,523 | | (a) | | . 1 | 278,035,662 | | | 1 | 278,653,185 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALT | II IIIOUNAIIO | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | (2,365) | (2,365) |
| 24.1 | Group Policies (b) | | | | | |
| 24.2 | Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | 699 | 459 | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 699 | 459 | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 699 | 459 | | (2.365) | (2.365) |



DIRECT BUSINESS IN THE STATE OF GEORGIA

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| INAI | C Group Code: 0000 | | 1 . | | LIFE INSURA | NUCE | | INAI | C Company | Code: (| 01032 |
|-------------------|--|------------|---------------|-----------|--|----------|-------------|------------|---------------------------------------|---|---------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | arv | 2 Credit Life (Group and Individ | tual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | , | | | 11, | 156 | | 24 | |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 1,443,625 | | | 11, | 156 | 36,12 | 24 | 1,490,90 |
| | IRECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | |
| Life | Insurance: | | | 4= 0.4= | | | | | | | 4= 0.4 |
| | 6.1 Paid in cash or left on deposit6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up additi | | | | | | | | | | |
| | shorten the endowment or prem | ium - | | | | | | | | | |
| | paying period | | | 30,283 | | | | | (24 | 1) | 30,04 |
| | 6.4 Other | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 45,628 | | | | | (24 | 1) | 45,38 |
| ٩nnι | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annui 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 45.628 | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | (= : | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 9. | Death benefits | | | 359,138 | | | | | 41,14 | 16 | 400,28 |
| 10. | Matured endowments | | | | | | | | , | | 29,78 |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | · | 90,761 | | | | | 17,88 | 34 | 108,64 |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | airect | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DET | AILS OF WRITE-INS | | · | · | 1 | | | | | | · |
| | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Line | | | | | | | | | | |
| 1200 | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | 1 | Credit Life | ····· | | | | | |
| | · | (| Ordinary | l | p and Individual) | | Group | ı | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| 16. | ENDOWMENTS INCURRED | Number 331 | Amount 79,333 | Certifs. | Amount | ficates | Amount | Number 921 | Amount 128,323 | Number 1,252 | Amount 207,65 |
| 16. 17. | Unpaid December 31, prior year Incurred during current year | 108 | 409,086 | | | | | 204 | 120,323 | 312 | 468,48 |
| | Settled during current year: | 100 | | | | | | 204 | | 012 | 400,40 |
| 18.1 | By payment in full | 92 | 375,635 | | | | | 78 | 66,398 | 170 | 442,03 |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | 92 | 375,635 | | | | | 78 | 66,398 | 170 | 442,03 |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | 92 | | | | | | | 66,398 | 170 | 442,03 |
| 10.0 19. | Unpaid Dec. 31, current year (Lines | J 92 | | | | | | 10 | | 170 | 442,03 |
| | 16 + 17 - 18.6) | 347 | 112,784 | | | | | 1,047 | 121,322 | 1,394 | 234,10 |
| | , | | ,. • . | | | No. of | | ., | ,- | ., | , |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 7,764 | 88,762,869 | | (a) | 1 | 143,324,753 | 5,791 | 3,458,429 | 13,556 | 235,546,05 |
| 14 | Issued during year | 1,417 | 28,331,597 | | | | | | | 1,417 | 28,331,59 |
| | | | | | | | (0.004.000) | | (2004.020) | | /40 070 54: |
| 21. 22. 23. | Other changes to in force (Net) In force December 31 of current | (1,454) | (30,670,691) | | | (1) | (9,201,000) | (359) | (204,826) | (1,814) | (40,076,517 |

7,727

86,423,775

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDEN | I AND DEALI | H INSURANC | · C | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | 237,837 | 237,837 | | 127,688 | 81,910 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 16.129 | 15.771 | | 9.061 | 8.878 |
| 25.3 | Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 47,084 | 46,920 | | 68,259 | 67,408 |
| 25.6 | All other (b) Totals (sum of Lines 25.1 to 25.5) | 63,213 | 62,691 | | 77,319 | 76,285 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 301,050 | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF HAWAII

DURING THE YEAR 2008 LIFE INSURANCE NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | ANCE | | | NAI | C Company | Code: | 67032 |
|--------------|---|--------|-------------|--------------------|---------------------------------------|---------|----|------------|--------|-----------------|--------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | on. | 2 Credit Life (Group and Indivi | dual) | | 3 Croup | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | | (Group and indivi | | | Group | | industriai | | |
| 2. | Annuity considerations | | | | | | | | | | | |
| | Deposit-type contract funds | | | | | | | | | X X X | | |
| | Other considerations | | | | | | | | | | | |
| - | Totals (sum of Lines 1 to 4) RECT DIVIDENDS TO POLICYHO | | | | | | | | | | | |
| 1 | NECT DIVIDENDS TO POLICTIC nsurance: | PLDEKS | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | ns | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | | |
| | shorten the endowment or prem paying period | nium - | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | |
| Annu | ities: | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | | |
| | Matured endowments | | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | | 203 |
| | Aggregate write-ins for miscellaneous | | | 200 | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | | |
| | All other benefits, except accident and | | | | | | | | | | | |
| 15. | Totals | | | 203 | | | | | | | | 203 |
| 1301. | AILS OF WRITE-INS | | <u> </u> | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | | |
| 1200 | overflow page | | | | | | | | | | | |
| 1399. | 13 above) | , , | | | | | | | | | | |
| | 1 | | 1 | | Credit Life | 1 | | | 1 | | | |
| | | C | rdinary | | up and Individual) | | Gr | oup | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | No. of Ind.Pols | | No. of | | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | 3 | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | | |
| 17. | Incurred during current year Settled during current year: | | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | | |
| 18.4 | Reduction by compromise | I I | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | | |
| | POLIOV 51/1::-:- | | | | | No. of | | | | | | |
| 20 | POLICY EXHIBIT | 314 | 400 004 | | (2) | Policie | s | 33 644 600 | | | 314 | 24 142 000 |
| 20. 21. | In force December 31, prior year Issued during year | | 499,291 | | (a) | | | 33,644,589 | | | 314 | 34,143,880 |
| 22. | Other changes to in force (Net) | | (56,665) | | | | | 1,339,475 | | | (27) | 1,282,810 |
| 23. | In force December 31 of current | ' | . , | | | | | | | | ' ' | |

287

442,626

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDEN | HAND HEALT | H INSURANC | · | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF IDAHO

DURING THE YEAR 2008

... 19,929,709

| NAI | C Group Code: 0000 | | | | | LIFE INSURANCE | | | | | NAIC Company Code: 67032 | | | | |
|--------------|---|---------|----------|-----------------|---------------------------------|----------------|-----------|------------|--------|------------|--------------------------|------------|--|--|--|
| | • | | 1 | | 2 | | | 3 | | 4 | | 5 | | | |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | anv | Credit Life (Group and Indiv | idual) | | Group | | Industrial | | Total | | | |
| 1. | Life Insurance | | - | | | | | | | | | | | | |
| 2. | Annuity considerations | | | | | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX. | - 1 | | | | X X X | | | | | |
| 4. 5. | Other considerations | | | | | | | | | | | | | | |
| - | RECT DIVIDENDS TO POLICYHO | | | 17 | | | | | | | | | | | |
| 1 | nsurance: | LDLING | | | | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | 9 | | | | | | | | 9 | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | | | | | |
| | shorten the endowment or prempaying period | | | 5 | | | | | | | | 5 | | | |
| | 6.4 Other | | | | | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | 14 | | | |
| Annı | iities: | | | | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit. | | | | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu 7.3 Other | | | | | | • • • • • | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 14 | | | | | | | | 14 | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | direct | | , | | | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | | | | | |
| 15. | Totals | | | 1,080 | | | | | | | | 1,680 | | | |
| 1301. | AILS OF WRITE-INS | | | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | | | | | |
| 1200 | overflow page | | | | | | | | | | | | | | |
| 1399. | 13 above) | , , | | | | | | | | | | | | | |
| | 1 | | | | Credit Life | 1 | | | | | | | | | |
| | | | Ordinary | (Grou | ip and Individual) | | (| Group | 1 | ndustrial | | Total | | | |
| | | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 | | | |
| | DIRECT DEATH BENEFITS | | | No. of Ind.Pols | | No. o | | | | | | | | | |
| | AND MATURED | | | & Group | | Certi | | | | | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficate | | Amount | Number | Amount | Number | Amount | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | | | | | | |
| 17. | Incurred during current year | | | | | . | | | | | | | | | |
| 18.1 | Settled during current year: By payment in full | l | | | | . | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | | | | | |
| 18.3 | Totals paid | | | | | . | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | . | | | | | | | | | |
| 18.5 18.6 | Amount rejected | | | | | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | . | | | | | | | | | |
| | 16 + 17 - 18.6) | <u></u> | | | <u> </u> | | | <u></u> | | <u></u> | | | | | |
| | | | | | | No. o | | | | | | | | | |
| 20 | POLICY EXHIBIT | | 0.005 | | (0) | Policie | es | 00.040.440 | | | | 00 004 404 | | | |
| 20. 21. | In force December 31, prior year Issued during year | | 9,035 | | (a) | | | 20,912,449 | | | . 8 | 20,921,484 | | | |
| 22. | Other changes to in force (Net) | | | | | | | (989,750) | | | (1) | (991,775) | | | |
| 23. | In force December 31 of current | ` ' | , , | | | | | . , | | | 1 ' | 1 | | | |

..... 7,010 (a)...

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | ANDILALI | | — | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | | |
| 24.1 | Group Policies (b) Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |



DIRECT BUSINESS IN THE STATE OF ILLINOIS

NAIC Group Code: 0000

LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| NAIC Gloup Code. 0000 | | | | LIFE INSURF | INCL | | INAI | C Company | Code. | |
|--|---------------|-------------|---|--|-----------------------------|-------------------------------|--------|-----------------|--------|---------------------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATION | IS | 1 Ordina | ary | 2 Credit Life (Group and Individ | lual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. Life Insurance | | | 826,254 | | | 5,949, | 801 | 53,76 | 63 | 6,829,817 |
| 2. Annuity considerations | | | | | | | | | | |
| 3. Deposit-type contract funds | | | | X X X | | | | X X X | | |
| 4. Other considerations | | | | | | | | | | |
| 5. Totals (sum of Lines 1 to 4) | | | 826,954 | | | 5,949, | 801 | 53,76 | 63 | 6,830,517 |
| DIRECT DIVIDENDS TO POLICY | IOLDERS | | | | | | | | | |
| Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premit 6.3 Applied to provide paid-up ad- shorten the endowment or pre | ımsditions or | | | | | | | | 1 | 7,817 |
| paying period | | | | | | | | | | |
| 6.5 Totals (sum of Lines 6.1 to 6. | | | | | | | | (9 | | 22,340 |
| Annuities: | 7) | | 22,702 | | | | | (3 | | 22,540 |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up an | nuities | | | | | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7. | | | | | I | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | 22,432 | | | | | (9 | 2) | |
| DIRECT CLAIMS AND BENEFIT | | | , ,- | | | | | (* | | ,,,,,, |
| 9. Death benefits | | | 482,616 | | | 2,459. | 342 | 60.6 | 56 | 3,002,614 |
| 10. Matured endowments | | | | | | | | | | |
| 11. Annuity benefits | | | | | | | | | | |
| 12. Surrender values and withdrawals fo | | 3 | 116,587 | | | | | 26,48 | 37 | 143,073 |
| 13. Aggregate write-ins for miscellaneou claims and benefits paid | | | | | | | | | | |
| All other benefits, except accident ar | ıd health | | | | | | | | | |
| 15. Totals | | | 601,203 | | | 2,459, | 342 | 99,4 | 19 | 3,159,963 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Loverflow page 1399. Totals (Lines 1301 through 1303 plus | ine 13 from | | | | | | | | | |
| 13 above) | | | | | | | | | | |
| 1 | | 1 | | Credit Life | | | | | | |
| | (| Ordinary | (Grou | p and Individual) | | Group | ı | ndustrial | | Total |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Number | Amount | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | Number | Amount | Number | Amount |
| 16. Unpaid December 31, prior year | | 47.822 | | | | | 504 | 104,723 | 575 | 166,795 |
| Incurred during current year Settled during current year: | | 494,838 | | | 35 | , | 134 | | | 3,154,019 |
| 18.1 By payment in full | - | 489,616 | 1 | | 35 | | | 75,104 | 288 | 3,152,085 |
| 18.3 Totals paid | - | 489,616 | | | 35 | , , | 113 | 75,104 | 288 | 3,152,085 |
| 18.5 Amount rejected | 140 | | | | 35 | 5 2,587,365 | 113 | 75,104 | 288 | 3,152,085 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | 53,044 | | | 1 | 14,250 | 525 | 101,435 | 601 | 168,729 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | 50,767,834 | | (a) | 3 | | 7,108 | 4,794,389 | 15,194 | 2,363,486,845 |
| 21. Issued during year22. Other changes to in force (Net) | | 2,960,557 | | | | 36,532,000 (1,268,728,086) | (454) | (309,016) | 120 | 39,492,557 . (1,275,674,906) |
| 23. In force December 31 of current | | 47,090,587 | | (a) | 3 | | (454) | , , | , | , |
| year | nrior vear \$ | 0 current | | (a) N | 1 | 1,010,120,000 | 0,054 | +,400,070 | 14,240 | 1, 121,304,430 |

(a) Includes Individual Credit Life Insurance prior year \$...........0, current year \$..........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$...........0, current year \$...........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$............0, current year \$............0.

ACCIDENT AND HEALTH INSURANCE

| | | 1 | 2 | 3 | 4 | 5 |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Panaguable Religion (b) | | | | (2,668) | (2,668) |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 2,805 | 2,805 | | | |
| 25.6 | All other (b) | 2,805 | 2,805 | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF INDIANA

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | ANCE | | | NA | C Company | Code: | 67032 |
|--------------|---|---------------------------------------|------------|----------|--------------------|----------|-----|----------------|---------|---------------|--------|--------------|
| | • | | 1 | | 2 | | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS | | Ordin | | Credit Life | dual\ | | Croun | | la di satrial | | Total |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordina | | (Group and Indivi | | | Group 32, | 958 | Industrial | | Total 33,314 |
| 2. | Annuity considerations | | | | | | | | - 1 | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | - 1 | X X X | | |
| 4. | Other considerations | | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 356 | | | | 32, | 958 | | | 33,314 |
| | IRECT DIVIDENDS TO POLICYHO | OLDERS | | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | | | 26 |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | | |
| | paying period | | | 79 | | | | | | | | 79 |
| | 6.4 Other | | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 106 | | | | | | | | 106 |
| Annu | uities: | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu 7.3 Other | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 106 | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | | |
| 15. | Totals | | | | | I . | | | | | | |
| DFT | AILS OF WRITE-INS | | Į. | | | | | | I | | | |
| 1301. | | | | | I | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | | |
| 4000 | overflow page | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | | | | | | | | | | | |
| | 1 | · · · · · · · · · · · · · · · · · · · | | | Credit Life | | | | | | . | |
| | • | | Ordinary | (Grou | ip and Individual) | | Gr | oup | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | | |
| | AND MATURED | Nishaa | A t | & Group | A | Certi- | | A | Nimakaa | A t | Number | A 4 |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number 3 | Amount 950 | Certifs. | Amount | ficates | | Amount | Number | Amount | 3 | Amount 950 |
| 17. | Incurred during current year | | | | | | . | | | | | |
| | Settled during current year: | | | | | | . | | | | | |
| 18.1 | By payment in full | | | | | | . | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | . | | | | | |
| 18.3 | Totals paid | | | | | | | | | | | |
| 18.4 | Reduction by compromise | 1 | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | 1 | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | . | | | | | |
| | 16 + 17 - 18.6) | 3 | 950 | | | | . | | | | 3 | 950 |
| | | | | | | No. of | _ | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | | |
| 20. | In force December 31, prior year | | 55,163 | | (a) | | 1 | 80,975,057 | | | 43 | 81,030,220 |
| 21. | Issued during year | | | | | | . | (11 515 110) | | | | (11 500 504) |
| 22. 23. | Other changes to in force (Net) In force December 31 of current | (b) | (5,479) | | | | . [| . (11,515,112) | | | (a) | (11,520,591) |
| 1 LU. | III IOIOO DOOOIIIDOI JI UI UUIITIIL | 1 1 | | 1 | l . | 1 | - 1 | | | I . | I . | 1 |

49,684

37

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALT | 11 11100117110 | ' L | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | 124,764 | 124,764 | | 24,257 | 39,518 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | 124 764 | 124 764 | | 24 257 | 39 518 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF IOWA

LIFE INSURANCE

DURING THE YEAR 2008

... 26 28,486,961

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | | NAI | C Company | / Code: | 67032 |
|--------------|--|--------|----------|-------------|--------------------|---------|-----|--------------|--------|----------------|---------|--------------|
| | • | | 1 | | 2 | | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS | | Ordin | | Credit Life | I . | | Craun | | la di ratria l | | Tatal |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordina | | (Group and Indiv | | | Group | | Industrial | | Total 110 |
| 2. | Annuity considerations | | | | | I . | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX. | | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 110 | | | | | | | | 110 |
| | RECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | | |
| Lite | nsurance: 6.1 Paid in cash or left on deposit. | | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | | |
| | paying period | | | | | | | | | | | 24 |
| | 6.4 Other | | | | | | | | | | | 24 |
| Annı | iities: | | | | | | | | | | | 24 |
| Aiiii | 7.1 Paid in cash or left on deposit. | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | 24 |
| 9. | Death benefits | | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | i | 803 | | | | | | | | 803 |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | | 803 |
| DETA | AILS OF WRITE-INS | | | | • | | | | | | • | |
| 1301. | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | |
| 1390. | Summary of remaining write-ins for Lin overflow page | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | | |
| | 13 above) | , , | | | | | | | | | | |
| | 1 | | · | | Credit Life | | | | | | | |
| | | | Ordinary | , | ip and Individual) | | (| Group | | ndustrial | | Total |
| | | 1 | 2 | 3 No. of | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. o | of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficate | s | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | • • | | | | | |
| 18.1 | By payment in full | | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | <u> </u> | <u></u> | | | <u></u> | | <u></u> | | |
| | · | | | | | No. o | f | _ | | | | |
| 00 | POLICY EXHIBIT | 0.5 | 01015 | | () | Policie | es | 00.010.051 | | | - | 00.010.0== |
| 20. 21. | In force December 31, prior year Issued during year | 28 | 31,616 | | (a) | | | 36,318,061 | | | 28 | 36,349,677 |
| 22. | Other changes to in force (Net) | | (1.971) | | | · | | (7,860,745) | | | (2) | (7,862,716) |
| 23. | In force December 31 of current | | (.,) | | | 1 | | (1,200,1.10) | | | (2) | (1,,552,,10) |

..... 26

..... 29,645 (a)...

ACCIDENT AND HEALTH INSURANCE

.. 28,457,316

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |



DIRECT BUSINESS IN THE STATE OF KANSAS

DURING THE YEAR 2008

... 29 35,931,614

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | | NAI | C Company | pany Code: 67032 | | |
|----------------|---|-----------|----------|----------|--------------------------------|----------|---|---------------------------|--------|---------------|------------------|--------------------------------------|--|
| | • | | 1 | | 2 | | | 3 | | 4 | | 5 | |
| | DIRECT PREMIUMS | | Ordin | | Credit Life | idual) | | Crown | | la di satrial | | Total | |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordin | | (Group and Indiv | | | Group | | Industrial | | Total 260 | |
| 2. | Annuity considerations | | | | | | | | II. | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | | X X X | 1 | | |
| 4. | Other considerations | | | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 260 | | | | | | | | 260 | |
| | RECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | | | |
| Life I | nsurance: | | | 22 | | | | | | | | 00 | |
| | 6.1 Paid in cash or left on deposit .6.2 Applied to pay renewal premium | | | | | | | | | | | 23 | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | | | |
| | paying period | | | | | | | | | | | 44 | |
| | 6.4 Other | | | | | | | | | | | | |
| ١. | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 67 | | | | | | | | 67 | |
| Annı | vities: | | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu | | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 67 | | | | | | | | 67 | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | | |
| 9. | Death benefits | | | | | | | 60, | II. | | | 60,000 | |
| 10. 11. | Matured endowments Annuity benefits | | | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | | | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | II. | | | | |
| 15. | Totals | | | | | | | 60, | 000 | | | 60,000 | |
| | AILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. 1302. | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | | | |
| | overflow page | | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | , , | | | | | | | | | | | |
| | 13 above) | | | | | | | | | | | | |
| | 1 | | Ordinary | (Grou | Credit Life up and Individual) | | c | Group | | ndustrial | | Total | |
| | | 1 | 2 | 3 | 4 | 5 | \top | 6 | 7 | 8 | 9 | 10 | |
| | | | _ | No. of | | | | - | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | l | | |
| 10 | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | _ | Amount | Number | Amount | Number | Amount | |
| 16. 17. | Unpaid December 31, prior year Incurred during current year | 1 | 25 | | | 9 | | 1,668,916 | | | 1 1 | 1,668,916 | |
| ''. | Settled during current year: | | | | | | | 1,000,510 | | | | 1,000,510 | |
| 18.1 | By payment in full | | | | | 9 | 96 . | 1,668,916 | | | 96 | 1,668,916 | |
| 18.2 | By payment on compromised claims . | | | | | 1 | | | | | | | |
| 18.3 | Totals paid | | | | | 1 | | 1,668,916 | | | 96 | 1,668,916 | |
| 18.4 18.5 | Reduction by compromise | | | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | 1,668,916 | | | 96 | 1,668,916 | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | | 1,000,010 | |
| | 16 + 17 - 18.6) | 1 | 25 | | | | <u>. </u> | | | | 11 | 25 | |
| | | | | | | No. of | | | | | | | |
| 00 | POLICY EXHIBIT | 0.5 | 20.15= | | () | Policies | 3 | 400 000 000 | | | - | 400 000 7:5 | |
| 20. 21. | In force December 31, prior year Issued during year | 30 | 32,487 | 1 | (a) | 1 | 1 - | 193,660,232 18,688,409 | | | 31 | 193,692,719 | |
| 22. | Other changes to in force (Net) | | (1.000) | | | | | (176,448,514) | | | (2) | (176,449,514) | |
| 23. | In force December 31 of current | | (1,000) | | | 1, | " | (1. (1. 5, 1. 10, 5 1. 1) | | | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |

| | ACCIDEN? | AND HEALT | H INSURANC | E | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | | |
| 24.1 | Group Policies (b) Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | | | | |

.. 35,900,127

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF KENTUCKY

LIFE INSURANCE

DURING THE YEAR 2008

... 20 46,366,749

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | | NAI | C Company | y Code: | 67032 |
|----------------|--|----------|------------|---------------------------------------|-----------------------------------|--------|----|-------------|-----------|------------|---------|-------------|
| | • | | 1 | | 2 | | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordin | arv | Credit Life (Group and Indiv | I . | | Group | | Industrial | | Total |
| 1. | Life Insurance | | - | | | | | Oroup | | | | 2.717 |
| 2. | Annuity considerations | | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX. | | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | | 0.747 |
| 5. | Totals (sum of Lines 1 to 4)IRECT DIVIDENDS TO POLICYHO | | | 2,717 | | | | | | | | 2,717 |
| | INSURANCE: | JLDEK9 | | | | | | | | | | |
| Liie | 6.1 Paid in cash or left on deposit | | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | I | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | | |
| | shorten the endowment or prem paying period | nium - | | 0.4 | | | | | | | | 04 |
| | 6.4 Other | | | | | | | | | | | 24 |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | 24 |
| Annı | iities: | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | 24 | | | | | | | | 24 |
| | DIRECT CLAIMS AND BENEFITS | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | | |
| 10. | Matured endowments | | I | | | | | | | | | |
| 11. | Annuity benefits | | I | | | | | | | | | |
| 12. 13. | Surrender values and withdrawals for li Aggregate write-ins for miscellaneous | | S | | | | | | | | | |
| 10. | claims and benefits paid | | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | | |
| | overflow page | | | | | | | <u></u> | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | , , | | | | | | | | | | |
| | 13 above) | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | 1 | , | Ordinary | (Grou | Credit Life up and Individual) | | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| | | | _ | No. of | | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. o | | | | | | |
| | AND MATURED | Nimber | A | & Group | A | Certi | | A | Niversity | A | Number | A |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number 3 | Amount 975 | Certifs. | Amount | ficate | _ | Amount | Number | Amount | 3 | Amount 975 |
| 17. | Incurred during current year | 1 | 8,000 | 1 | | | | | | | 1 | 8,000 |
| | Settled during current year: | | ,,,,,, | | | | | | | | | ,,,,,,, |
| 18.1 | By payment in full | 1 | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | 1 | | | | | | | | |
| 18.3 18.4 | Totals paid | | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | | |
| 18.6 | Total settlements | | | | | . | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | | 2 2== |
| | 16 + 17 - 18.6) | 4 | 8,975 | | | | | | | | 4 | 8,975 |
| | POLICY EXHIBIT | | | | | No. o | | | | | | |
| 20. | In force December 31, prior year | 15 | 44,191 | | (a) | | ,3 | 50,773,785 | | | 15 | 50,817,976 |
| 21. | Issued during year | 10 | 75,385 | | | | | | | | 10 | 75,385 |
| 22. | Other changes to in force (Net) | (5) | (13,916) | | | . | | (4,512,696) | | | (5) | (4,526,612) |
| 23. | In force December 31 of current | | 1 | 1 | | | | | | 1 | 1 | |

..... 20 | 105,660 | (a).

ACCIDENT AND HEALTH INSURANCE

46,261,089

| | ACCIDENT | HND HEALI | H INSURAINC | · C | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) . Federal Employees Health Benefits Program Premium (b) | | | | 3,489 | 3,489 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 547 | 547 | | | |
| 25.6 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | 547 | 547 | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 547 | 547 | | 3.489 | 3.489 |



DIRECT BUSINESS IN THE STATE OF LOUISIANA

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | | NAI | C Company | Company Code: 67032 | | |
|----------------|---|--------|--------------------------|---------------------|--------------------------------|-------------------|-----|--------------|----------|------------|---------------------|--------------|--|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | | 3 | | 4 | | 5 | |
| | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Indiv | idual) | | Group | | Industrial | | Total | |
| 1. | Life Insurance | | | | | | | | | | | 61,966 | |
| 2. 3. | Annuity considerations | | | | XXX. | | | | | X X X | | | |
| 3. 4. | Deposit-type contract funds Other considerations | | | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | | 61,966 | |
| D | RECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | | · | |
| Life I | nsurance: | | | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | | | | | | | | | 25 | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | | | |
| | paying period | | | 81 | | | | | | | | 81 | |
| | 6.4 Other | | | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 106 | | | | | | | | 106 | |
| Annu | vities: 7.1 Paid in cash or left on deposit. | | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 106 | | | | | | | | 106 | |
| 9. | DIRECT CLAIMS AND BENEFITS Death benefits | | | 2 000 | | | | | | | | 2.000 | |
| 10. | Matured endowments | | | | | | | | | | | 2,000 | |
| 11. | Annuity benefits | | | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | 5 | 1,748 | | | | | | | | 1,748 | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | direct | | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | I | | | | |
| 15. | Totals | | | | | | | | | | | 3,748 | |
| DET | AILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | | | |
| | overflow page | | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | | | |
| | 13 above) | | | | | | | | | | . | | |
| | 1 | | Ordinary | (Grou | Credit Life up and Individual) | | G | roup | | ndustrial | | Total | |
| | | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 | |
| | | | | No. of | | | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | & Group Certifs. | Amount | Certi- ficates | | Amount | Number | Amount | Number | Amount | |
| 16. | Unpaid December 31, prior year | 3 | 2,836 | | | | | 500 | 11 | 1,609 | 15 | | |
| 17. | Incurred during current year | 4 | 6,327 | | | . (| (1) | (500) | 1 | 61 | 4 | 5,888 | |
| 40.4 | Settled during current year: | | 0.000 | | | | | | | | | 0.000 | |
| 18.1 | By payment in full | 2 | 2,000 | | | | | | | | 2 | 2,000 | |
| 18.3 | Totals paid | | | | | . | | | | | 2 | 2,000 | |
| 18.4 | Reduction by compromise | | | | | 1 | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | | | |
| 18.6 19. | Total settlements | 2 | 2,000 | | | | | | | | 2 | 2,000 | |
| 13. | 16 + 17 - 18.6) | 5 | 7,163 | | | . | . | | 12 | 1.670 | 17 | 8,833 | |
| | , | | , | 1 | | No. of | | | | , | | , | |
| | POLICY EXHIBIT | | | | | Policies | 3 | | | | | | |
| 20. | In force December 31, prior year | 159 | 2,538,688 | | (a) | | . | 63,474,181 | 19 | 4,845 | 178 | 66,017,714 | |
| 21. 22. | Issued during year Other changes to in force (Net) | (76) | 2,257,095 (1,371,679) | | | . | | (10,185,190) | (3) | (1,155) | 122 | 2,257,095 | |
| 23 | In force December 31 of current | (, 0) | (1,57 1,675) | | | . | . | (10,100,100) | | (1,100) | (73) | (11,500,024) | |

205

. 3,424,104

ACCIDENT AND HEALTH INSURANCE

53,288,991

(a).

| | ACCIDENT | I AND HEALT | 1111100117110 | ' L | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | 61,250 | 61,250 | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MAINE

NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | | | | NAIC Company Code: 67032 | | | |
|----------------------|--|-------------------------|---------------|-------------------------------|--|--------------------|---------------|--------------------------|-----------------|--------|-------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordin | ary | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. 2. 3. 4. | Life Insurance Annuity considerations Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| 5. | Totals (sum of Lines 1 to 4)IRECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| | Insurance: | LDENS | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit . 6.2 Applied to pay renewal premium 6.3 Applied to provide paid-up addit shorten the endowment or premature action and the shorten the shorten the shorten are in the shorten and the shorten are in the shorten and the shorten are in the shorten are in the shorten and the shorten are in the shorten and the shorten are in the shorten and the shorten are shorten as a shor | ns ions or nium - | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annı | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu7.3 Other | ities | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | I | | | | | | | | |
| 10. 11. | Matured endowments | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DET | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | , , | | | | | | | | | |
| | 1 | | 2 " | | Credit Life | | | | | | - |
| | | 1 | Ordinary 2 | (Grou | up and Individual) 4 | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | DIRECT DEATH BENEFITS AND MATURED | | | No. of Ind.Pols & Group | · | No. of Certi- | | | | - | |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 17. | Incurred during current year Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.6 | Total settlements | | | 1 | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| | POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. | In force December 31, prior year | 8 | ., | | (a) | | 21,765,460 | | | 8 | 21,771,590 |
| 21. 22. 23. | Issued during year Other changes to in force (Net) In force December 31 of current | | (3,067) | | | | . (1,908,102) | | | (4) | (1,911,169) |
| | year | 4 | 3,063 | | (a) | | 19,857,358 | | | 4 | 19,860,421 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALI | 1111100174110 | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MARYLAND

DURING THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | ANCE | | NAI | C Company | Code: | 67032 |
|--------------|--|--------|--------------|---------------------|----------------------------------|------------------|-------------|--------|------------|---------|-------------|
| •• | • | | 1 | | 2 | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | ary | Credit Life (Group and Indivi | dual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | | | 46,92 | 20 | 1,080,119 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. 4. | Deposit-type contract funds Other considerations | | | | X X X | | | | X X X | | |
| 4. 5. | Totals (sum of Lines 1 to 4) | | | 1 047 483 | | | | | | | |
| • • | RECT DIVIDENDS TO POLICYHO | | | ,, | | | | | | | |
| | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | | 9,146 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up additi shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | 28.991 | | | | | | 54 | 29.045 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 38,137 | | | | | | 54 | 38,191 |
| Annı | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annul | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annul 7.3 Other | | | | | | | | | 1 | |
| | | | | | | | | I | | | |
| 8. | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | 38,137 | | | | | 5 | 54 | 38,191 |
| | DIRECT CLAIMS AND BENEFITS | PAID | | | | | | | | | |
| 9. | Death benefits | | | 904,211 | | | | | | | |
| 10. 11. | Matured endowments | | | | | | | | | II | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | 195,644 |
| 13. | Aggregate write-ins for miscellaneous of | direct | | , | | | | | , | | • |
| | claims and benefits paid | | | | | | | I | | | |
| 14. 15. | All other benefits, except accident and Totals | health | | 1 002 601 | | | | | | | |
| _ | | | | 1,003,001 | | | | | 91,12 | 25 | 1,101,400 |
| | AILS OF WRITE-INS | | | | T | | | | | | |
| | | | | | | I | | I | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Line | | | | | | | | | | |
| 4200 | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | | | | | | | | | | |
| | 13 above) | | | | Credit Life | | | | | | |
| | · | | Ordinary | | ip and Individual) | | Group | l l | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols & Group | | No. of Certi- | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 197 | 173,901 | | | | 7 41104111 | 474 | 92,184 | 671 | 266,085 |
| 17. | Incurred during current year | 127 | 889,415 | | | | | 170 | 79,796 | 297 | 969,211 |
| | Settled during current year: | | | | | | | | | | |
| 18.1 18.2 | By payment in full | 128 | 920,424 | | | | | 113 | , - | 241 | 995,137 |
| 18.3 | Totals paid | 128 | 920,424 | | | | | 113 | 74,713 | 241 | 995,137 |
| 18.4 | Reduction by compromise | | | | | 1 | | | | | |
| 18.5 | Amount rejected | | | | | 1 | | | | | |
| 18.6 | Total settlements | 128 | 920,424 | | | | | 113 | 74,713 | 241 | 995,137 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 196 | 142,892 | | | | | 531 | 97,267 | 727 | 240,159 |
| | 10 + 17 - 10.0) | 190 | 142,092 | | | No. of | | 331 | 31,201 | 121 | 240,159 |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 8,074 | | | (a) | | 133,637,533 | 5,821 | 4,183,419 | 13,895 | 214,497,652 |
| 21. | Issued during year | 494 | | | | | | | | 494 | 11,371,083 |
| 22. | Other changes to in force (Net) | (740) | (13,916,656) | | | | 8,879,563 | (377) | (265,028) | (1,117) | (5,302,121) |
| 23. | In force December 31 of current | 7 828 | 74 131 127 | | (a) | 1 | 142 517 096 | 5 444 | 3 918 391 | 13 272 | 220 566 614 |

74,131,127

7,828

| | ACCIDENT | AND HEALT | H INSURANC | E | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | (982) | (982) |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 693 | 693 | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 6,040 | 6,451 | | 2,553 | 2,553 |
| 25.6 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | 6,733 | 7,143 | | 2,553 | 2,553 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 6,733 | 7,143 | | 1,572 | 1,572 |

(a).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



NAIC Company Code: 67032

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

NAIC Group Code: 0000

1302. 1303.

DIRECT PREMIUMS Credit Life AND ANNUITY CONSIDERATIONS Ordinary (Group and Individual) Group Industrial Total 536 1. 2. 3. Life Insurance 536 Annuity considerations ... Deposit-type contract funds X X X X X X

LIFE INSURANCE

| 4. | Other considerations | | | | |
|-------|---|-----|------|---|-----|
| 5. | Totals (sum of Lines 1 to 4) | 536 | | | 536 |
| D | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | |
| Life | Insurance: | | | | |
| | 6.1 Paid in cash or left on deposit | | | | 110 |
| | 6.2 Applied to pay renewal premiums | | | | |
| | 6.3 Applied to provide paid-up additions or | | | | |
| | shorten the endowment or premium - | | | | |
| | paying period | 18 | | | 18 |
| | 6.4 Other | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | 128 | | | 128 |
| Annı | uities: | | | | |
| | 7.1 Paid in cash or left on deposit | | | | |
| | 7.2 Applied to provide paid-up annuities | | | | |
| | 7.3 Other | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | 128 | | | 128 |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | |
| 9. | Death benefits | | | | |
| 10. | Matured endowments | | | | |
| 11. | Annuity benefits | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | |
| 13. | Aggregate write-ins for miscellaneous direct | | | | |
| | claims and benefits paid | | | | |
| 14. | All other benefits, except accident and health | | | | |
| 15. | Totals | | | | |
| DET | AILS OF WRITE-INS | | | · | |
| 1301. | | | | | |

| 1303. | | | | | | | | | | | | |
|-------|---|------------|----------|----------|------------------------|----------|--------------|--------|------------|--------|--------------|--|
| 1398. | Summary of remaining write-ins for Linoverflow page | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | 398) (Line | | | | | | | | | | |
| | 13 above) | | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | | |
| | | (| Ordinary | | (Group and Individual) | | Group | | Industrial | | Total | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | | | No. of | | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 7 | 888 | |
| 17. | Incurred during current year | | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | _ | | | | | | | | _ | | |
| | 16 + 17 - 18.6) | / | 888 | | | | | | | / | 888 | |
| | | | | | | No. of | | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | | |
| 20. | In force December 31, prior year | | | | | | | | | | | |
| 21. | Issued during year | | | | | | | | | | | |
| 22. | Other changes to in force (Net) | (7) | (9,980) | | | | (15,608,206) | | | (7) | (15,618,186) | |
| 23. | In force December 31 of current | | | | | | | | | | | |
| | year | 41 | 82,281 | | (a) | | 50,804,413 | | | 41 | 50,886,694 | |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of

persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF MICHIGAN

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| INAI | C Group Code: 0000 | | 1 | | LIFE INSURA | NVE | | INAI | C Company | Code: (| 01032 |
|-------------------|--|-----------|-------------|-------------------|---|---------------------------------------|--------------|----------|--|---------|--------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | an. | 2 Credit Life (Group and Individual | dual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | | | | Group | | 78,82 | 20 | 952,805 |
| 2. | Annuity considerations | | | 073,970 15 5∆5 | | | | | | | |
| 3. | Deposit-type contract funds | | | 10,040 | XXX | | | | XXX | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| D | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | , |
| | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | 4.604 | | | | | | | 4.604 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up additi | | | | | | | | | | |
| | shorten the endowment or prem | ium - | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| _ | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 19,110 | | | | | | 1) | 19,06 |
| Annı | iities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annul 7.3 Other | | | | | | | | | | |
| | | | | | | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | 10 110 | | | | | | 1) | 10.060 |
| _ | DIRECT CLAIMS AND BENEFITS | | | 13,110 | | | | | (4 | 1) | 13,000 |
| 9. | Death benefits | | | 7// 555 | | | | | 85 N | 28 | 820 65 |
| 10. | Matured endowments | | | | | | | | , - | | , |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous of | direct | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | 929,769 | | | | | 124,67 | 76 | 1,054,445 |
| | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | I | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | |
| 1200 | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | Credit Life | · · · · · · · · · · · · · · · · · · · | | | | | |
| | ı | | Ordinary | | ip and Individual) | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | , | - | No. of | | | | | , and the second | · · | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 84 | 72,828 | | | 1 | 7,000 | 570 | 167,732 | 655 | 247,560 |
| 17. | Incurred during current year | 126 | 809,223 | | | (1) | (7,000) | 211 | 109,043 | 336 | 911,266 |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | 119 | 781,607 | | | | | 141 | 97,911 | 260 | 879,518 |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | 119 | 781,607 | | | | | 141 | 97,911 | 260 | 879,518 |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | 119 | 781,607 | | | | | 1/1 | 97,911 | 260 | 879,518 |
| 10.0 19. | Unpaid Dec. 31, current year (Lines | 119 | | | | | | 141 | ۱۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ | 200 | 019,510 |
| 13. | 16 + 17 - 18.6) | 91 | 100,444 | | | | | 640 | 178,864 | 731 | 279,30 |
| | 10 - 11 - 10.0/ | | | | | No. of | | 040 | 170,004 | 131 | 213,300 |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 8,139 | 54,697,180 | | (a) | Fullcles | 96,249,614 | 12,842 | 7,897,056 | 20,981 | 158,843,850 |
| | Issued during year | 283 | 5,825,318 | | (a) | | 55,275,614 | | | 283 | 5,825,318 |
| | | | | | | | | | | | , |
| 21. | | | | | | | (21,888.819) | (718) | (455.512) | (1.393) | |
| 21. 22. 23. | Other changes to in force (Net) | | (7,554,408) | | | | (21,888,819) | (718) | (455,512) | (1,393) | (29,898,739) |

year ... 7,747 52,968,090 (a).

ACCIDENT AND HEALTH INSURANCE

| | ACCIDEN | I AND DEALI | H INSURANC | · C | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | | |
| 24.1 | Group Policies (b) | | | | | |
| 24.2 | Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | 2,035 | 2,035 | | 2,900 | 2,900 |
| 25.2 | Guaranteed renewable (b) | | 1,067 | | | |
| 25.3 | Non-renewable for stated reasons only (b) | 653 | 675 | | 5,159 | 5,159 |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) Totals (sum of Lines 25.1 to 25.5) | 3,697 | 3,870 | | 6,391 | 7,816 |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 7,971 | 7,647 | | 14,451 | 15,875 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 7,971 | 7,647 | | | 15,875 |



DIRECT BUSINESS IN THE STATE OF MINNESOTA

LIFE INSURANCE

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | NCE | | NAI | C Company | Code: | 67032 |
|-------------------|---|-------------------------|---------------|-------------------------------|--|------------------|----------------|--------|-----------------|--------|--------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | arv | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | 220 | | | | | | | 220 |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | | | I . | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | 220 |
| | RECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | |
| Life I | nsurance: 6.1 Paid in cash or left on deposit. | | | 6 | | | | | | | 6 |
| | 6.2 Applied to pay renewal premium Applied to provide paid-up addit shorten the endowment or prem paying period | ns ions or nium - | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | 6 |
| Annı | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu7.3 Other | ities | | | | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | 0 | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DETA | AILS OF WRITE-INS | | ļ | | • | | | ' | | | |
| 1301. | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin overflow page | e 13 from | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | , , | | | | | | | | | |
| | 1 | | . " | | Credit Life | | | | | | |
| | | 1 | Ordinary 2 | (Grou | up and Individual) | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | DIRECT DEATH BENEFITS AND MATURED | · | _ | No. of Ind.Pols & Group | · | No. of Certi- | | · | , c | | |
| 10 | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | s Amount | Number | Amount | Number | Amount |
| 16. 17. | Unpaid December 31, prior year Incurred during current year Settled during current year: | 2 | 115 | | | | | | | 2 | 115 |
| 18.1 18.2 | By payment in full | | | | | | | | | | |
| 18.3 | | | | | | | | | | | |
| 18.4 18.5 | Reduction by compromise | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | 445 | | | | | | | | 445 |
| | 16 + 17 - 18.6) | 2 | 115 | | | No. of | | | | 2 | 115 |
| | POLICY EXHIBIT | | | | | Policies | S | | | | |
| 20. | In force December 31, prior year | 1,582 | 2,059,210 | | (a) | | 55,031,983 | | | 1,582 | 57,091,193 |
| 21. 22. 23. | Issued during year Other changes to in force (Net) In force December 31 of current | (79) | (114,864) | | | | . (11,607,938) | | | (79) | (11,722,802) |
| | year | 1,503 | 1,944,346 | | (a) | | 43,424,045 | | | 1,503 | 45,368,391 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDEN | HAND HEALT | H INSURANC | · | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI

DURING THE YEAR 2008

432 49,548,756

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | | NAI | C Company | / Code: | 67032 |
|------------|--|--------|-----------|-------------|--------------------|--------|---------|-------------|--------|----------------|---------|---------------|
| | • | | 1 | | 2 | | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS | | Ordin | | Credit Life | idual\ | | Croun | | la di satria l | | Total |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordin | | (Group and Indiv | | | Group | | Industrial | | Total 153,692 |
| 2. | Annuity considerations | | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | X X X . | | | | I | X X X | | |
| 4. | Other considerations | | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 153,692 | | | <u></u> | | | | | 153,692 |
| | IRECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | | |
| Life I | Insurance: | | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit6.2 Applied to pay renewal premium | | | | | | | | | | | |
| | 6.3 Applied to provide paid-up additi | | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | | |
| | paying period | | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | |
| _ | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | | |
| Annı | uities: | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annul | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | | |
| 9. | Death benefits | | | | | I | | | | | | 33,000 |
| 10. | Matured endowments | | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | I | | | | | | |
| 13. | Aggregate write-ins for miscellaneous of | | • | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | | |
| 15. | Totals | | | 33,000 | | | | | | | | 33,000 |
| DETA | AILS OF WRITE-INS | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303. | Summary of remaining write-ins for Lin | | | | | | | | | | | |
| 1000. | overflow page | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | | |
| | 13 above) | | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | | |
| | | | Ordinary | , | ıp and Individual) | | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 No. of | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. o | nf | | | | | |
| | AND MATURED | | | & Group | | Certi | | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficate | :S | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 12 | · ' | | | | | | | | 12 | 31,309 |
| 17. | Incurred during current year | 4 | 9,420 | | | | | | | | 4 | 9,420 |
| 10.1 | Settled during current year: | 4 | 10,000 | | | | | | | | 4 | 18,000 |
| 18.1 | By payment in full | 4 | 18,000 | | | | | | | | 4 | 10,000 |
| 18.3 | Totals paid | | | | | | | | | | 4 | |
| 18.4 | Reduction by compromise | | | l . | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | | |
| 18.6 | Total settlements | 4 | 18,000 | | | | | | | | 4 | 18,000 |
| 19. | Unpaid Dec. 31, current year (Lines | 12 | 00.700 | | | | | | | | 10 | 00.700 |
| | 16 + 17 - 18.6) | 12 | 22,729 | | | No. c | - | | | | 12 | 22,729 |
| | POLICY EXHIBIT | | | | | No. o | | | | | | |
| 20. | In force December 31, prior year | 286 | 3,746,606 | | (a) | | | 47,759,185 | | | 286 | 51,505,791 |
| 21. | Issued during year | 481 | 7,370,372 | | | | | | | | 481 | 7,370,372 |
| 22. | Other changes to in force (Net) | (335) | | | | | | (3,896,095) | | | (335) | (9,327,407) |
| 23. | In force December 31 of current | | | 1 | | | | | | | 1 | |

.... 432 5,685,666 (a).

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALT | 1111100117110 | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Otner Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.2 | Guaranteed renewable (b) | | (57) | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | (57) | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | (57) | | | |



DIRECT BUSINESS IN THE STATE OF MISSOURI

DURING THE YEAR 2008

| NAI | C Group Code: 0000 | | | | LIFE INSURA | ANCE | | NA | C Company | Code: | 67032 |
|--------------|---|------------|---------------|----------|---------------------------------------|----------|-----------------|--------|---------------|----------|-------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | an, | 2 Credit Life (Group and Indivi | dual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | | | | Group | | iliuustilai | | |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | X X X | | |
| 4. 5. | Other considerations | | | | | | | | | | |
| _ | RECT DIVIDENDS TO POLICYHO | | | 1,000 | | | | | | | |
| | nsurance: | LDLING | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | 553 | | | | | | | 553 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | 112 | | | | | | . | 112 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 665 | | | | | | | 665 |
| Annu | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 665 | | | | | | | 665 |
| 1 | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. 10. | Death benefits | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | i | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DETA | AILS OF WRITE-INS | | • | | | • | | • | | • | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| 1303. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| 1000. | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | 398) (Line | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | , | Dadia | (0 | Credit Life | | 0 | | la di satulat | | T-4-1 |
| | | 1 | Ordinary 2 | 3 | up and Individual) | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | | · · | - | No. of | i i | | | · ' | | | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number 4 | Amount 483 | Certifs. | Amount | ficates | Amount | Number | Amount | Number 4 | Amount 483 |
| 17. | Incurred during current year | (1) | | | | | | | | (1) | |
| | Settled during current year: | | | | | | | | | . , | |
| 18.1 | By payment in full | (1) | | | | | | | | (1) | |
| 18.2 18.3 | By payment on compromised claims . Totals paid | (1) | | | | | | | | (1) | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | (1) | | | | | | | | (1) | |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 4 | 483 | | | | | | | 4 | 483 |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | 3 | | | | |
| 20. | In force December 31, prior year | 5,051 | 2,244,874 | | (a) | | 82,161,324 | | | 5,051 | 84,406,198 |
| 21. 22. | Issued during year Other changes to in force (Net) | (210) | (85,103) | | | | . (9,618,173) | | | (210) | (9,703,276) |
| 23. | In force December 31 of current | (210) | (03,103) | | | | . [(3,010,173) | | | (210) | (3,703,270) |
| | year | 4,841 | 2,159,771 | | (a) | | 72,543,151 | | | 4,841 | 74,702,922 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |



DIRECT BUSINESS IN THE STATE OF MONTANA

NAIC Group Code: 0000 LIFE INSURANCE

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | NCE | | NA | C Company | Code: | 67032 |
|------------|---|----------|-----------|----------|--------------------------------|----------|------------|--------|-------------|-------------|----------|
| | | | 1 | | 2 | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | an/ | Credit Life (Group and Individ | lual\ | Group | | Industrial | | Total |
| | Life Insurance | | | | (Group and maivid | | Gloup | | IIIuusiiiai | | TOLAI |
| | Annuity considerations | | | | | | | | | 1 | |
| | Deposit-type contract funds | | | | | | | | X X X | | |
| | Other considerations | | | | | | | | | | |
| | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| | RECT DIVIDENDS TO POLICYHONS TO POLICYHONS TO POLICYHONS TO POLICYHON | DEDEKS | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | ions or | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| | lities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit. | | | | | | | | | . | |
| | 7.2 Applied to provide paid-up annu | ities | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | DAID | | | | | | | | | |
| | Death benefits | | | | | | | | | . | |
| | Matured endowments | | | | | | | | | | |
| | Annuity benefits | | | | | | | | | | |
| | Surrender values and withdrawals for I | | 3 | | | | | | | | |
| 3 . | Aggregate write-ins for miscellaneous claims and benefits paid | airect | | | | | | | | | |
| | All other benefits, except accident and | | | | | | | | | | |
| 5. | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | . | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | . | |
| | 1 | l . | Ordinary | (Grou | Credit Life up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 Group | 7 | 8 | 9 | 10(a) |
| | | | _ | No. of | | | | • | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | l | | & Group | | Certi- | | | | l | |
|). | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number 1 | Amount 39 | Certifs. | Amount | ficates | Amount | Number | Amount | Number 1 | Amount |
| '. | Incurred during current year | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | |
| 3.1 | By payment in full | | | | | | | | | | |
| .2 | By payment on compromised claims . | | | | | | | | | | |
| .3 | Totals paid | | | | | | | | | | |
| .5 | Amount rejected | 1 | | | | | | | | | |
| .6 | Total settlements | | | | | | | | | | |
|). | Unpaid Dec. 31, current year (Lines | | _ | | | | | | | | |
| | 16 + 17 - 18.6) | 1 | 39 | | | | | | | 1 | |
| | DOI ION ENTIRE | | | | | No. of | | | | | |
|). | POLICY EXHIBIT In force December 31, prior year | 6 | 6,778 | | (a) | Policies | 19,593,711 | | | 6 | 19,600,4 |
|). . | Issued during year | | 6,778 | | (α) | | | | | | 19,600,4 |
|) | Other changes to in force (Net) | | | | | | (52,116) | | | | (52,1 |
| 3. | In force December 31 of current | | | | [, , | | | | | | |
| | vear | 6 | 6 778 | 1 | (a) | 1 | 19 541 595 | | I | 1 6 | 19 548 3 |

6,778

6

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEBRASKA

LIFE INSURANCE

DURING THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | ANCE | | NA | C Company | Code: | 67032 |
|-------------|--|--------|------------|----------|--------------------|----------|---------------|----------|--------------|--------|-------------|
| | DIRECT PREMIUMS | | 1 Ontio | | 2 Credit Life | di al | 3 | | 4 | | 5 |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordin | | (Group and Indivi | | Group | | Industrial | | Total |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | I | X X X | | |
| 4. 5. | Other considerations | | | | | | | | | | |
| | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| 1 | nsurance: | LDLING | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit . | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annu | 7.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. 13. | Aggregate write-ins for miscellaneous | | | | | | | | | | |
| 10. | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| 1301. | AILS OF WRITE-INS | | | | T | | | | | | |
| 1301. | | | | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| 1300 | overflow page | | | | | | | | | | |
| 1000. | 13 above) | , , | | | | | | | | | |
| | 1 | | ' | | Credit Life | | | | | ' | |
| | | 1 1 | Ordinary 2 | (Gro | up and Individual) | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | | ' | 2 | No. of | 4 |) 5 | 6 | _ ′ | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | l l | | & Group | | Certi- | | l | | | |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 17. | Incurred during current year | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | . | | | | |
| 18.6 19. | Total settlements | | | | | | | | | | |
| 13. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | . | | | | |
| | , | | | 1 | | No. of | | 1 | | | |
| | POLICY EXHIBIT | | | | | Policies | _ | | | | |
| 20. | In force December 31, prior year | | 654 | 1 | (a) | | . 26,659,516 | 5 | | 1 | 26,660,170 |
| 21. 22. | Other changes to in force (Net) | | | 1 | | | . (3,660,943) | | | | (3,660,943) |
| 23. | In force December 31 of current | | | | | | (0,000,040) | | | | (0,000,040) |

...... 654 (a)...

ACCIDENT AND HEALTH INSURANCE

. 22,998,573

| | | 1 | 2 | 3 | 4 | 5 |
|-------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 1 | Officer Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other socident only | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 123.4 | | | | | | |
| 25.5 | All other (b) Totals (sum of Lines 25.1 to 25.5) Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEVADA

| INAI | C Group Code: 0000 | | | | LIFE INSURF | AINCE | | NA | ic company | Code: | 67032 |
|------------|---|---------------|----------|---------------------|--------------------|-------------------|---|--------|------------|--------|-------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Individ | dual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | 79 | | | | | | | 79 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 79 | | | | | | | 79 |
| DI | RECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up additi | | | | | | | | | | |
| | shorten the endowment or prem | nium - | | | | | | | | | |
| | paying period | | | 24 | | | | | | | 24 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 24 | | | | | | | 24 |
| Annı | uities: | | | | | | | | | | |
| / | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 24 | | | | | | | 24 |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | ife contracts | S | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous of | direct | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DETA | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | , , | | | | | | | | | |
| | 13 above) | | | | | | | | | . | |
| | 1 | | 0 " | /0 | Credit Life | | | | | | - |
| | | | Ordinary | , | ıp and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIDECT DEATH DEVICETO | | | No. of | | N | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | & Group Certifs. | Amount | Certi- ficates | Amount | Number | Amount | Number | Amount |
| 16 | | Number | Amount | Certiis. | Amount | licates | Amount | Number | Amount | Number | Amount |
| 16. 17. | Unpaid December 31, prior year Incurred during current year | | | | | | | | | | |
| 17. | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | [| 1 | | | [| | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 45 | 167,877 | | (a) | | 26,574,214 | | | 45 | 26,742,091 |
| 21. | Issued during year | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 22. | Other changes to in force (Net) | | | | | | (2,402,392) | | | (3) | (2,406,892) |
| 23. | In force December 31 of current | | | | | | ` ' ' ' | | | (*/ | `` |

. 42

.... 163,377

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| | | 1 | | 2 | | 3 | | 4 | | 5 | |
|--------------|---|--------|---------|---------------------|--------------------|--------------------|-------------|--------|------------|--------|-------------|
| | DIRECT PREMIUMS | | 0.1 | | Credit Life | n | • | | | | T |
| 1. | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Individ | | Group | | Industrial | | Total 128 |
| 2. | Life Insurance | | | | | | | | | | 128 |
| 3. | Deposit-type contract funds | | | | xxx | | | 1 | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 128 | | | | | | | 128 |
| | RECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | | 36 |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | . | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 36 | | | | | | | |
| Annı | iities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | 1 | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | 36 |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | 1 | | | | | | | | |
| 15. | Totals | | 1 | | | | | | | | |
| DETA | AILS OF WRITE-INS | | • | | • | • | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin overflow page | | | | | | | | | | |
| 1300 | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| 1000. | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | , | | | |
| | | Oı | dinary | (Grou | p and Individual) | | Group | I | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIDECT DEATH DENEETS | | | No. of | | No of | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | Ind.Pols & Group | | No. of Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| 40.4 | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 18.3 | By payment on compromised claims . Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. | In force December 31, prior year | 12 . | 13,300 | | (a) | rolicies | 16,160,876 | | | 12 | 16,174,176 |
| 21. | Issued during year | | | | (ω) | | 10,100,070 | | | | |
| 22. | Other changes to in force (Net) | (4) | (3,623) | | | | (3,606,953) | | | (4) | (3,610,576) |
| 23 | In force December 31 of current | 1 1 | | 1 | | I | 1 | l | I | | 1 |

8

. 9,677

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW JERSEY

NAIC Group Code: 0000

LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

59,963,799 419 394,455 4,083 97,464,277

| 1 47 11 | o oloup oode. oooo | | - | | LII L IIVOOIV | | | 1 1/ 1/ | O Company | 0000. | 01002 |
|--------------|--|----------|---|----------|--|-----------|--------------|---------|-----------------|--------|--------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | ary | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | 516.342 | | | | | 3.5 | 75 | 519.917 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 522,420 | | | | | | 75 | 525,996 |
| DI | RECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | |
| | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | 8,870 | | | | | | | 8,870 |
| | 6.2 Applied to pay renewal premium | | | | | | | I | | | |
| | 6.3 Applied to provide paid-up additi | ions or | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 24,770 | | | | | | | 24,770 |
| Annu | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | I | | I | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | 04.770 |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 24,770 | | | | | | | 24,770 |
| | DIRECT CLAIMS AND BENEFITS | | | 4=4=00 | | | | | | | 454500 |
| 9. | Death benefits | | | | | | | | | | |
| 10. 11. | Matured endowments Annuity benefits | | | | | | | I . | , - | | , |
| 12. | Surrender values and withdrawals for li | | | | | I | | I | | | |
| 13. | Aggregate write-ins for miscellaneous of | | • • • • • • • • • • • • • • • • • • • | 05,754 | | | | | | | 00,304 |
| 10. | claims and benefits paid | alloot | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | ! | · | • | | | | | | · |
| | | | | | T | | | | | | |
| | | | | | | | | I . | | | |
| | | | | | | I | | I | | | |
| | Summary of remaining write-ins for Line | | | | | | | | | . | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | , , | | | | | | | | | |
| | 1 | | <u>'</u> | | Credit Life | | | | | | |
| | | (| Ordinary | (Grou | ıp and Individual) | | Group | ı | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 47 | 66,682 | | | | | 35 | 8,007 | 82 | 74,689 |
| 17. | Incurred during current year | 41 | 199,189 | | | | | 3 | 2,076 | 44 | 201,265 |
| | Settled during current year: | . | | | | | | _ | | | |
| 18.1 | By payment in full | 34 | 164,706 | | | | | 3 | 3,276 | 37 | 167,982 |
| 18.2 | By payment on compromised claims . | | 404.700 | | | | | | 0.070 | | 407.000 |
| 18.3 | Totals paid | 34 | . , | 1 | | | | 3 | 3,276 | 37 | 167,982 |
| 18.4 18.5 | Reduction by compromise Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | 34 | | | | | | 3 | 3,276 | 37 | 167,982 |
| 19. | Unpaid Dec. 31, current year (Lines | | 104,700 | | | | | | | | 107,302 |
| 10. | 16 + 17 - 18.6) | 54 | 101,165 | | | | | 35 | 6,807 | 89 | 107.972 |
| | | | | 1 | | No. of | | | 3,007 | | 107,072 |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 3,769 | 38,222,452 | | (a) | 1 0110103 | 81,542,480 | 451 | 427,538 | 4,220 | 120,192,470 |
| 21. | Issued during year | 264 | 8,410,768 | | | | 31,312,130 | | | 264 | 8,410,768 |
| 22. | Other changes to in force (Net) | (369) | (9,527,197) | | | | (21,578,681) | (32) | (33,083) | (401) | (31,138,961) |
| 23. | In force December 31 of current | , , | | | | | | | , , | , , | |
| 1 | | 2 664 | 27 106 022 | 1 | l (=) | I | E0 063 700 | 440 | 204 455 | 4 000 | 07 464 977 |

. 3,664 37,106,023 (a). .

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 2,919 | 2,887 | | 225 | 225 |
| 25.6 | All other (b) Totals (sum of Lines 25.1 to 25.5) | 2,919 | 2,887 | | 225 | 225 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,919 | 2,887 | | 225 | 225 |



DIRECT BUSINESS IN THE STATE OF NEW MEXICO

DURÍNG THE YEAR 2008 NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| NAI | NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032 | | | | | | 6/032 | | | | |
|--------|---|--------|----------|---------------------|--------------------|-------------------|------------|----------|------------|----------|--------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordin | | (Group and Individ | lual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | 108 | | | | | | | 108 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 108 | | | | | | | |
| | IRECT DIVIDENDS TO POLICYHO | OLDERS | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit . | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prempaying period | nium - | | 47 | | | | | | | 4= |
| | | | | | | | | | | I | 47 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 47 | | | | | | | 41 |
| Annı | iities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu 7.3 Other | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | | | | | | | | I | |
| 13. | Aggregate write-ins for miscellaneous | direct | | • | | | | | | | , |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | 11,710 | | | | | | | 11,710 |
| DET/ | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | , | p and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIDECT DEATH DENEETS | | | No. of | | No. of | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | Ind.Pols & Group | | No. of | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | Certi- ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | Number | , anount | Octulo. | 7 tinount | noates | / unlount | HUITIDGE | , unount | HUITIDGI | / willoung |
| 17. | Incurred during current year | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 14 | 24,184 | | (a) | | 34,121,818 | | | 14 | 34,146,002 |
| 21. | Issued during year | | | | | | | | | | |
| 22. | Other changes to in force (Net) | (4) | (16,145) | | | | 2,562,411 | | | (4) | 2,546,266 |
| 23. | In force December 31 of current | 10 | 8 039 | | (2) | | 36 684 229 | | | 10 | 36 692 268 |
| | vear | 1 10 | 1 8.039 | 1 | (a) | 1 | 36 684 229 | 1 | I | 1 10 | 1 36 692 269 |

8,039

10

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW YORK

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| | C Group Code: 0000 | ., ., _ 0 | | | LIFE INSURA | NCF | | | C Company | | |
|--------------|---|-----------|-----------|---------------------|-----------------------------------|------------------|---|--------|-------------|--------|--------------|
| , ., | • | | 1 | | 2 | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | on. | Credit Life (Group and Individ | dual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | Gloup | | illuusillal | | |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | I | X X X | | |
| 4. 5. | Other considerations | | | 7 262 | | | | I | | | 7 262 |
| - | IRECT DIVIDENDS TO POLICYHO | | | 1,302 | | | | | | | 7,362 |
| | Insurance: | LDENS | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | 852 | | | | | | | 852 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit shorten the endowment or prem | | | | | | | | | | |
| | paying period | iluiii - | | 673 | | | | | | | 673 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 1,524 | | | | | | | 1,524 |
| Annı | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | I | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 1,524 | | | | | | | 1,524 |
| | DIRECT CLAIMS AND BENEFITS | | | 27.040 | | | | | | | 27.040 |
| 9. 10. | Death benefits | | | | | | | | | | 37,618 |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | s . | 2,629 | | | | | | | 2,629 |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | direct | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | | | | | | | | 41,365 |
| DET | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | , , | | | | | | | | | |
| | 13 above) | | | | | ····· · | | T | | | |
| | 1 | (| Ordinary | (Grou | Credit Life up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | Ind.Pols & Group | | No. of Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 80 | 21,924 | | | | | | | 80 | 21,924 |
| 17. | Incurred during current year | 15 | 46,137 | | | | | | | 15 | 46,137 |
| 18.1 | Settled during current year: By payment in full | 13 | 38,736 | | | | | | | 13 | 38,736 |
| 18.2 | By payment on compromised claims. | | | | | | | | | | |
| 18.3 | Totals paid | 13 | 38,736 | | | | | | | 13 | 38,736 |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | 13 | 38,736 | | | | | | | 13 | 38,736 |
| 19. | Unpaid Dec. 31, current year (Lines | 13 | | | | | | | | | |
| | 16 + 17 - 18.6) | 82 | 29,325 | | | | | | | 82 | 29,325 |
| | | | | | | No. of | | | | | |
| 20 | POLICY EXHIBIT | 450 | 1 000 040 | - | (0) | Policies | | | | 450 | 106 044 050 |
| 20. 21. | In force December 31, prior year Issued during year | 453 | 1,008,049 | | (a) | | . 185,203,201 | | | 453 | 186,211,250 |
| 22. | Other changes to in force (Net) | (29) | (63,803) | | | | (44,075,046) | | | (29) | (44,138,849) |
| 23. | In force December 31 of current | , , | , , | | | | · , , , , , , , , , , , , , , , , , , , | | | | , |
| | year | 424 | 944,246 | | (a) | | . 141,128,155 | | | 424 | 142,072,401 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | HIND HEALT | II INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | 178 | 178 | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 178 | 178 | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 178 | l 178 | | | |



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| INVI | C Group Code. 0000 | | | | LIFE INSURA | INCL | | IN | | Coue. | 01032 |
|--------------|---|---------|--------------|--------------------|--|----------|-------------------|-------------------------------|-----------------|------------|---|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | ary | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | 3,970.973 | | | | 5,583 | 116 8 | 29 | 4,443,385 |
| 2. | Annuity considerations | | | | | | | | | | 268,723 |
| 3. | Deposit-type contract funds | | | | XXX | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 4,239,696 | | | 35 | 5,583 | | 29 | 4,712,108 |
| | IRECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | |
| Life I | Insurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | | 38,128 |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | 88 924 | | | | | (9 | (4) | 88 830 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 127,052 | | | | | (9 | | 126,958 |
| Annı | uities: | | | | | | | | , | , | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | l l | |
| 0 | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | 107.050 | | | | | | | 126 050 |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 127,052 | | | | | (9 | (4) | 126,958 |
| 9. | DIRECT CLAIMS AND BENEFITS Death benefits | | | 1 670 010 | | | 2 63 | 2 854 | 2010 | na | 5 500 57E |
| 9. 10. | Matured endowments | | | | | | | | | | 5,590,575 |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | 677,469 |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | 0.050.400 | | | | | | | |
| 15. | Totals | | | 2,250,403 | | | 3,03 | 2,854 | 449,5 | 84 | 6,338,840 |
| | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | rdinary | , | ıp and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 No. of | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | No. of Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 735 | 258,490 | | | 1 | | | | 17,132 | 1,763,940 |
| 17. | Incurred during current year | 1 1 | 1,892,842 | | | 1 | 5 1,510,59 | | | 2,754 | ' ' |
| | Settled during current year: | | | | | | | _ | | | |
| 18.1 | By payment in full | | 1,896,118 | | | 3 | | | 7 317,972 | 1 | |
| 18.2 | By payment on compromised claims . | | 1 006 110 | | | | | | | | 2 714 600 |
| 18.3 18.4 | Totals paid | | 1,896,118 | | | 3 | , , | | | 864 | -, , |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | 1,896,118 | | | | 4 1,500,60 | | 7317,972 | | 3,714,690 |
| 19. | Unpaid Dec. 31, current year (Lines | | ,, | | | | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 16 + 17 - 18.6) | 763 | 255,214 | | <u></u> | 1 | 1 187,25 | 0 18,24 | 3 1,498,357 | 19,022 | 1,940,821 |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 26,546 | 269,536,275 | | (a) | | , , , | | 1 ' ' | | 1,490,877,416 |
| 21. | Issued during year | 1,381 | 25,803,013 | | | | | | | 1,381 | 131,579,818 |
| 22. 23. | Other changes to in force (Net) In force December 31 of current | (2,348) | (32,993,257) | | | (' | 1) (1,040,536,642 | (3,997 |) (1,462,993) | (6,346) | . (1,074,992,892) |
| 25. | year | 25,579 | 262,346,031 | | (a) | | 5 249,996,63 | 0 . 110,42 | 35,121,681 | . 136,007 | 547,464,342 |
| | ludes Individual Credit Life Insurance or | | 0 ourront | | ^ · | 1 | 2 2-70,000,00 | · · · · · · · · · · · · · · | , , | 1. 100,007 | 571,707,042 |

. 25,579 ... 262,346,031 (a).. year

ACCIDENT AND HEALTH INSURANCE

| | ACCIDEN | I AND DEALI | H INSURANC | · C | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | 595,087 | | | 1,581,967 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | 150 | 150 |
| 25.2 | Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | 23,284 | 23,293 | | 21,964 | 21,964 |
| 25.3 | Non-renewable for stated reasons only (b) | | (6) | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 116,966 | 117,741 | | 127,951 | 129,376 |
| 25.6 | All other (b) Totals (sum of Lines 25.1 to 25.5) | 140,250 | 141,029 | | 150,065 | 151,490 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,110,177 | 736,115 | | 1,676,098 | 1,733,457 |



11,919,056

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA

NAIC Group Code: 0000 NAIC Company Code: 67032 LIFE INSURANCE

| NAIC Group Code: 0000 | | | | | LIFE INSURANCE | | | NAIC Company Code: 67032 | | | |
|-----------------------|---|-------------|----------|---------------------|--------------------|-------------------|------------|--------------------------|------------|--------|------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Indivi | | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | I | | | | | 48 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. 4. | Deposit-type contract funds | | | | | | | 1 | X X X | | |
| 4. 5. | Totals (sum of Lines 1 to 4) | | | | | | | 1 | | | |
| •• | RECT DIVIDENDS TO POLICYHO | | | 40 | | | | | | | 40 |
| | NECT DIVIDENDS TO POLICTHO | LDEKS | | | | | | | | | |
| Lile | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | I | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annu | iities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | ities | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| _ | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | I | | | | | |
| 10. | Matured endowments | | | | | I | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | • | 199 | | | | | | | 199 |
| 13. | claims and benefits paid | ullect | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | | | | | 1 | | | 199 |
| DFT | AILS OF WRITE-INS | | • | | • | | | | | • | |
| | | | | | T | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | 1398) (Line | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | , | ip and Individual) | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | & Group Certifs. | Amount | Certi- ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | 1,049 | | Amount | licates | Amount | | Amount | 1 | 1,049 |
| 17. | Incurred during current year | | 1,043 | | | | | | | | 1,043 |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | 1000 | | | | | | | . | 1000 |
| | 16 + 17 - 18.6) | 1 | 1,049 | | | | | | | 11 | 1,049 |
| | DOLLOV EVALUAT | | | | | No. of | | | | | |
| 00 | POLICY EXHIBIT | 0.1 | 10.000 | | (-) | Policies | 40.540.000 | | | | 40 507 000 |
| 20. | In force December 31, prior year | 21 | 18,603 | | (a) | | 12,518,689 | | | 21 | 12,537,292 |
| 21. 22. | Other changes to in force (Net) | (3) | (2.310) | | | 1 | (615 026) | | | (3) | (618 226) |
| 23. | In force December 31 of current | (3) | (2,310) | | | | (615,926) | | | (3) | (618,236) |
| 20. | vear | 18 | 16 293 | | (a) | | 11 902 763 | | | 18 | 11 919 056 |

year ... 18 16,293 (a).

ACCIDENT AND HEALTH INSURANCE

11,902,763

| | ACCIDENT | I AND DEALI | I INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) . Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | (100) | (100) |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | (100) | (100) |



DIRECT BUSINESS IN THE STATE OF OHIO

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| | C Group Code: 0000 | | 4 | | LIFE INSURA | | 2 | INAI | C Company | Code: (| 5 |
|---|---|---------------|---------------------------------------|---|--------------------|---|-------------|--------------|--------------------------|---------------|---|
| | DIRECT PREMIUMS | | 1 Ordina | nn/ | 2 Credit Life | ual) | 3 Croup | | 4 | | 5 Total |
| | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordina | | (Group and Individ | | Group 1. | 044 | Industrial | +- | Total 31.15 |
| | Annuity considerations | | | | | | | - | | | 5.00 |
| | Deposit-type contract funds | | | | | | | I | X X X | | |
| | Other considerations | | | | | | | | | | |
| j. | Totals (sum of Lines 1 to 4) | | | 35,113 | | | 1, | 044 | | | 36,15 |
| DI | IRECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | |
| ife I | Insurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | | | | | | | | 61 |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | ions or | | | | | | | | | |
| | shorten the endowment or prem paying period | | | 708 | | | | I | | | 70 |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 1,325 | | | | | | | 1,32 |
| ۹nnu | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit . | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu7.3 Other | | | | | | | | | | |
| • | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 1,325 | | | | | | | 1,32 |
| | DIRECT CLAIMS AND BENEFITS | | | C 020 | | | 4 | 000 | | | 7.00 |
| 9. 10. | Death benefits | | | | | | | | | | |
| | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | ife contracts | ; . | 11.977 | | | | | | | 11,97 |
| 13 | Aggregate write-ins for miscellaneous claims and benefits paid | direct | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | I | | | |
| 15. | Totals | | | 21,119 | | | | 000 | | | 22,11 |
| DET/ | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| 1000 | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | | | | | | | | | | |
| | 15 above) | T | | | Credit Life | ····· | | | | <u> </u> | |
| | 1 | , | Ordinary | | p and Individual) | | Group | | ndustrial | | Total |
| | | L | | (Olou | p and individual) | | Oroup | | | 1 | Total |
| | | 1 1 1 | 1 2 1 | 3 | 4 | 5 | 6 | | Я | 9 | 10 |
| | | 1 | 2 | 3 No. of | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | 1 | 2 | _ | 4 | 5 No. of | 6 | | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS AND MATURED | 1 | 2 | No. of | 4 | | 6 | | 8 | 9 | 10 |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | No. of Ind.Pols | 4 Amount | No. of | 6 Amount | 7 Number | Amount | Number | 10 Amount |
| | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year | Number 31 | Amount 3,750 | No. of Ind.Pols & Group | · | No. of Certi- | | 7 | • | Number 69 | Amount 6,03 |
| | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year | Number | Amount | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number | Amount | Number | Amount 6,03 |
| 17. | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: | Number 31 2 | Amount 3,750 12,209 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number 69 | Amount 6,03 12,20 |
| 17. 18.1 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full | Number312 | Amount 3,75012,2099,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number 69 2 | Amount 6,03 12,20 |
| 17. 18.1 18.2 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims | Number3123 | Amount 3,750 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number 69 2 3 | Amount 6,03 |
| 7. 8.1 8.2 8.3 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid | Number3123 | Amount 3,750 12,209 9,142 9,142 9,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number 69 3 | Amount |
| 7. 8.1 8.2 8.3 8.4 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise | Number312 | Amount 3,750 12,209 9,142 9,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number 38 | Amount 2,289 | Number6923 | Amount 6,03 12,20 9,14 9,14 |
| 7. 8.1 8.2 8.3 8.4 8.5 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid | Number | Amount 3,750 12,209 9,142 9,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number 69 3 | Amount 6,03 12,20 9,14 9,14 |
| 7. 8.1 8.2 8.3 8.4 8.5 8.6 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected | Number312 | Amount 3,750 12,209 9,142 9,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number 69 2 | Amount 6,03 12,20 9,14 9,14 |
| 7. 8.1 8.2 8.3 8.4 8.5 8.6 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements | Number | Amount 3,750 12,209 9,142 9,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number 69 2 | Amount 6,03 12,20 9,14 9,14 9,14 |
| 7. 8.1 8.2 8.3 8.4 8.5 8.6 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines | Number | Amount 3,750 12,209 9,142 9,142 9,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number | Amount 6,03 12,20 9,14 9,14 9,14 |
| 17. 18.1 18.2 18.3 18.4 18.5 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines | Number | Amount | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number | Amount 6,03 12,20 9,14 9,14 9,14 |
| 17. 18.1 18.2 18.3 18.4 18.5 18.6 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | Number | Amount 3,750 12,209 9,142 9,142 9,142 | No. of Ind.Pols & Group Certifs. | Amount | No. of Certi- ficates | Amount | 7 Number38 | Amount 2,289 | Number | Amount |
| 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19. | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year | Number313333 | Amount | No. of Ind.Pols & Group Certifs. | Amount | No. of Certificates No. of No. of Policies | Amount | 7 Number3838 | Amount 2,289 2,289 2,289 | Number | Amount 6,03 12,20 9,14 9,14 9,14 136,408,26 |
| 17. 18.1 18.2 18.3 18.4 18.5 18.6 19. | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year | Number313333 | Amount | No. of Ind.Pols & Group Certifs. | Amount | No. of Certificates No. of Policies 1 | Amount | 7 Number38 | Amount 2,289 2,289 2,289 | Number | Amount 6,03 12,20 9,14 9,14 9,14 136,408,26 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALT | II IIIOUNAIIO | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | (601) | (601) |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | 164 | | | |
| 25.6 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | 164 | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 164 | 164 | | (601) | (601) |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OKLAHOMA

DURÎNG THE YEAR 2008

| NAIC Group Code: 0000 | | | | | LIFE INSURA | AINCE | | INAI | C Company | Code: (| 0/032 |
|-----------------------|---|---------|----------|----------|--------------------|-----------------|------------|--------|------------|---------|------------|
| | • | | 1 | | 2 | | 3 | | 4 | | 5 |
| | DIRECT PREMIUMS | | | | Credit Life | | _ | | | | |
| | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Individ | | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | | | | | 134 |
| 2. 3. | Annuity considerations | | | | | | | I | X X X | | |
| 4. | Other considerations | | | | | I | | I | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| _ | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| | nsurance: | LDLING | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | 36 | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | ions or | | | | | | | | | |
| | shorten the endowment or prem | ium - | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| ١. | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 36 | | | | | | | |
| Annı | | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu | itiae | | | | I | | | | . | |
| | 7.3 Other | | | | | | | | | . | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 36 | | | | | | | 36 |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | I . | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DETA | AILS OF WRITE-INS | | • | | | | | • | | • | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| 4000 | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | | | | | | | | | | |
| - | 13 above) | | | | Credit Life | ····· | | | | . | |
| | ' | | Ordinary | | p and Individual) | | Group | ۱ ۱ | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | _ | Certi- | | | | | |
| 40 | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year Incurred during current year | 12 | 638 | | | | | | | 12 | 638 |
| 17. | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims | l I | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | 12 | 620 | | | | | | | 12 | 620 |
| - | 16 + 17 - 18.6) | 12 | 638 | | | No of | | | | 12 | 638 |
| | POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. | In force December 31, prior year | 42 | 46,496 | | (a) | 1 0110103 | 64,359,880 | | | 42 | 64,406,376 |
| 21. | Issued during year | | | | | | | | | | |
| 22. | Other changes to in force (Net) | (5) | (3,747) | | | | (899,183) | | | (5) | (902,930) |
| 23. | In force December 31 of current | | | | | | | | | | |
| | year | 37 | 42,749 | | (a) | | 63,460,697 | | | 37 | 63,503,446 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | AND HEALT | | - | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OREGON

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | LIFE INSURANCE | | | | NA | NAIC Company Code: 67032 | | | |
|------------|---|---------|----------------|---------------------|-------------------|------------------|---------------|--------------------------|--------------|--------|-------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordina | | (Group and Indiv | | Group | | Industrial | | Total19 |
| 2. | Annuity considerations | | | | | I . | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | X X X | | |
| 4. 5. | Other considerations | | | | | | | | | | |
| - | Totals (sum of Lines 1 to 4) | | | 19 | | | | | | | 19 |
| | nsurance: | PEDEINO | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit shorten the endowment or prem | ions or | | | | | | | | | |
| | paying period | | | | | | | | | | 6 |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 6 | | | | | | | 6 |
| Annı | vities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | 6 | | | | | | | b |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| l | claims and benefits paid | | | | | | | | | | |
| 14. 15. | All other benefits, except accident and Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | 1 | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| 1303. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | | | | | | | | | | |
| | 1 | | . " | | Credit Life | | | | | | |
| | | 1 | Ordinary 2 | (Grou | p and Individual) | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | | ' | | No. of | - - | | | , , | | | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of Certi- | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | & Group Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| 18.1 | Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Amount rejected | 1 | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| | 10 + 11 - 10.0) | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | 3 | | | | |
| 20. | In force December 31, prior year | | 22,406 | | (a) | | . 45,996,850 | | | 24 | 46,019,256 |
| 21. 22. | Issued during year Other changes to in force (Net) | | (1,992) | | | | . (4,869,087) | | | (2) | (4,871,079) |
| 23. | In force December 31 of current | | , , | | | 1 | , , , | | | | , , , , |
| | year | 22 | 20,414 | | (a) | | 41,127,763 | | | 22 | 41,148,177 |

ACCIDENT AND HEALTH INSURANCE

| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | THE HEALT | | | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

NAIC Group Code: 0000 LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| INAI | C Group Code. 0000 | | | | LIFE INSURF | | | 11//1 | C Company | Code. | 31032 |
|--------------|---|---------------|-------------|-----------|--|---------------------------------------|---------------------------------------|----------|-----------------|---------|---|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | arv | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | , | (| , | | 140 | | 18 | |
| 2. | Annuity considerations | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 1,149,279 | | | 12, | 140 | 61,44 | 18 | 1,222,867 |
| D | IRECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | |
| Life | Insurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | 14,544 | | | | | | | 14,544 |
| | 6.2 Applied to pay renewal premium | าร | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | nium - | | | | | | | | | |
| | paying period | | | | | | | | • | · | |
| | 6.4 Other | | | 44.400 | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 44,429 | | | | | (20 | 0) | 44,228 |
| Annı | uities: 7.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | II. | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 44 429 | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | 11,120 | | | | | | 0) | |
| 9. | Death benefits | | | 766 167 | | | 29, | 500 | 58 96 | 39 | 854 636 |
| 10. | Matured endowments | | | | | | | | , | 1 | , |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | ife contracts | | 182,609 | | | | | 20,60 | 08 | 203,217 |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | 971,709 | | | 29, | 500 | 96,77 | 77 | 1,097,987 |
| | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | | | | | | |
| 1302. | | | | | | | | II. | | | |
| l | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | |
| 4000 | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | • | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 1 | | Ordinary | | Credit Life p and Individual) | | Group | | ndustrial | | Total |
| | | 1 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | ' | - | No. of | , | | | ' | | , | .0 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 144 | 200,715 | | | | | 892 | 160,047 | 1,036 | 360,762 |
| 17. | Incurred during current year | 162 | 684,707 | | | 17 | 97,074 | 348 | 72,102 | 527 | 853,883 |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | 1 | 751,076 | | | 17 | | 98 | 77,124 | 282 | 925,274 |
| 18.2 | By payment on compromised claims . | 1 1 | | | | | | | | | |
| 18.3 | Totals paid | | 751,076 | | | 17 | . ,. | 98 | , | | 925,274 |
| 18.4 | Reduction by compromise | 1 | | | | | | | | | |
| 18.5 18.6 | Amount rejected | | 751,076 | | | | 97,074 | | 77,124 | າຊາ | 025 274 |
| 19.6 | Total settlements Unpaid Dec. 31, current year (Lines | | | | | 1/ | 91,014 | 90 | | 202 | 925,274 |
| 13. | 16 + 17 - 18.6) | 139 | 134,346 | | | | | 1,142 | 155.025 | 1,281 | 289,371 |
| | 10 - 11 10.0/ | 100 | | | | No. of | | 1,172 | 100,020 | 1,201 | 200,071 |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 10,861 | 69,447,977 | | (a) | 2 | 160,757,009 | 10,733 | 6,536,027 | 21,596 | 236,741,013 |
| 21. | Issued during year | 184 | 3,476,366 | | (a) | | | | | 184 | 3,476,366 |
| 22. | Other changes to in force (Net) | (790) | (7,982,900) | | | | (23,661,599) | (565) | (390,772) | (1,355) | (32,035,271) |
| 23. | In force December 31 of current | ' | (, - ,) | | | | , , , , , , , , , , , , , , , , , , , | (, | (1.1.7) | (// | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | year | 10,255 | 64,941,443 | | (a) | 2 | 137,095,410 | 10,168 | 6,145,255 | 20,425 | 208,182,108 |
| /-\ l | Judge Individual Credit Life Incurence or | | 0 ourrent | | ^ | • | • | | | | |

(a) Includes Individual Credit Life Insurance prior year \$............0, current year \$...........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$...........0, current year \$.....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$...........0, current year \$......

ACCIDENT AND HEALTH INSURANCE

| | ACCIDEN | I AND HEALT | II IIIOUNAIIO | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.2 | Guaranteed renewable (b) | 371 | 371 | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | 3 | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) Totals (sum of Lines 25.1 to 25.5) | 8,094 | 8,407 | | 3,713 | 3,852 |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 8,465 | 8,781 | | 3,713 | 3,852 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



217

14.349.728

(2,075,174)

12,274,554

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032 DIRECT PREMIUMS Credit Life AND ANNUITY CONSIDERATIONS Ordinary (Group and Individual) Group Industrial Total Life Insurance 2. Annuity considerations 3. 4. Deposit-type contract funds X X XXXXOther considerations Totals (sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period 6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: Paid in cash or left on deposit . 7.1 7.2 Applied to provide paid-up annuities 7.3 Other 7 4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID Death benefits . Matured endowments 10. 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid ... All other benefits, except accident and health 14. 15. Totals . **DETAILS OF WRITE-INS** 1301. 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page. Totals (Lines 1301 through 1303 plus 1398) (Line 1399. 13 above) ... Credit Life (Group and Individual) Ordinary Group Industrial Total No. of DIRECT DEATH RENEFITS Ind.Pols No. of AND MATURED & Group Certi-ENDOWMENTS INCURRED Certifs. Number Amount Amount ficates Amount Number Amount Number Unpaid December 31, prior year ... 16. 217 17. Incurred during current year ... Settled during current year: 18.1 By payment in full 18 2 By payment on compromised claims 18.3 Totals paid ... Reduction by compromise 18.4 Amount rejected 18.5 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines

(a) Includes Individual Credit Life Insurance prior year \$..................0, current year \$..............0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$..... .0. current year \$.. .0, current year \$......

217

7,424

7,424

ACCIDENT AND HEALTH INSURANCE

(a).

No. of

Policies

14.342.304

(2,075,174)

12,267,130

| | ACCIDENT | I AND DEALI | INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of

persons insured under indemnity only products.

16 + 17 - 18.6).

Issued during year . Other changes to in force (Net)

year .

20.

21.

22.

23.

POLICY EXHIBIT

In force December 31, prior year .

In force December 31 of current



102,319,374

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA

NAIC Company Code: 67032 NAIC Group Code: 0000 LIFE INSURANCE

| NAI | Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032 | | | | | 6/032 | | | | | |
|--------------|---|-------------|--------------|----------|--------------------|----------|-------------|--------|-------------|--------|--------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordina | - , | (Group and Individ | | Group | 242 | Industrial | 20 | Total |
| 1. | Life Insurance | | | | | | 3 | ,246 | 51,90 | 00 | 684,112 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | X X X | | |
| 4. 5. | Other considerations | | | 622 065 | | | | 246 | E1 0 | . | 600.011 |
| ** | | | | 033,003 | | | | ,240 | 51,91 | JU | 009,011 |
| | RECT DIVIDENDS TO POLICYHO | JLDEK2 | | | | | | | | | |
| Life I | nsurance: | | | 40.000 | | | | | | | 40.000 |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | 1 | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | 23 350 | | | | | | 11 | 22 270 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 40.240 | | | | | | 11 | 40.260 |
| A | · · · · · · · · · · · · · · · · · · · | | | 40,349 | | | | | | '' | 40,300 |
| Annu | rities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.1 Paid in cash of left of deposit. 7.2 Applied to provide paid-up annu | | | | | | | | | 1 | |
| | 7.3 Other | | | | | | | I | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | I | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 40 349 | | | | | | | 40,360 |
| - | DIRECT CLAIMS AND BENEFITS | | | 10,010 | | | | | | | |
| 9. | Death benefits | | | 270.067 | | | | | 49.8 | na | 310 871 |
| 10. | Matured endowments | | | 15 503 | | | | | 42.7 | n7 | 58 210 |
| 11. | Annuity benefits | | | | | | | I | | 1 | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | direct | | , | | | | | | | |
| | claims and benefits paid | | | | | | | | | . | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | 420,880 | | | | | 110,74 | 44 | 531,623 |
| DETA | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | I | | | | | | |
| | | | | | | | | I | | | |
| | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | 1398) (Line | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | • | | Credit Life | | | | | ' | |
| | | (| Ordinary | (Grou | ıp and Individual) | | Group | I | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 483 | 85,725 | | | | | 1,084 | 165,151 | 1,567 | 250,876 |
| 17. | Incurred during current year | 103 | 353,740 | | | | | 246 | 81,134 | 349 | 434,874 |
| 40.4 | Settled during current year: | 400 | 000 000 | | | | | 400 | 440.000 | 004 | 400 000 |
| 18.1 | By payment in full | 102 | 320,800 | | | | | 129 | 112,280 | 231 | 433,080 |
| 18.2 | By payment on compromised claims . | 4 | , , , | | | | | | 440.000 | 4 | 1,641 |
| 18.3 | Totals paid | 106 | | | | | | 129 | 112,280 | 235 | 434,721 |
| 18.4 18.5 | Reduction by compromise Amount rejected | | 23,359 | | | | | | | | 23,359 |
| 18.6 | Total settlements | 106 | | | | | | 129 | | 235 | 458,080 |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | 123 | | 255 | |
| 13. | 16 + 17 - 18.6) | 480 | 93,665 | | | | | 1,201 | 134,005 | 1,681 | 227,670 |
| | 10 - 17 - 10.0/ | | | | | No. of | | 1,201 | 134,003 | 1,001 | 221,010 |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 8,030 | 39,304,459 | | (a) | 2 | 66,437,032 | 7,567 | 5,493,167 | 15,599 | 111,234,658 |
| 21. | Issued during year | 180 | | | (α) | | 00,437,032 | 1,301 | 1 5,435,107 | 15,599 | 3,701,324 |
| 22. | Other changes to in force (Net) | (519) | | | | (2) | (7,537,370) | (460) | (336,570) | (981) | (12,616,608) |
| 23. | In force December 31 of current | (313) | (1,7 12,000) | | | (2) | (1,001,010) | (100) | (555,575) | (301) | (.2,0.0,000) |
| | vear | 7 691 | 38 263 115 | | (a) | | 58 899 662 | 7 107 | 5 156 597 | 14 798 | 102 319 374 |

7,691

38,263,115

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDEN | I AND DEALI | H INSURANC | · 드 | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.2 | Guaranteed renewable (b) | 3,290 | 3,238 | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 47,944 | 48,249 | | 36,907 | 37,342 |
| 25.6 | All other (b) Totals (sum of Lines 25.1 to 25.5) | 51,234 | 51,486 | | 36,907 | 37,342 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 51,234 | 51,486 | | 36,907 | 37,342 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year ...



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA

NAIC Company Code: 67032 NAIC Group Code: 0000 LIFE INSURANCE

| | | 1 | | 2 | | 3 | | 4 | | 5 | |
|----------------|--|--------|---------|--------------------|-----------------------------------|----------|------------|--------|------------|--------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | ary | Credit Life (Group and Individ | lual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | | | | | |
| 2. 3. | Annuity considerations | | | | XXX | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| 1 | IRECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addition | | | | | | | | | | |
| | shorten the endowment or prem | ium - | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| Annı | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Aiiii | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| 0 | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. 13. | Surrender values and withdrawals for li Aggregate write-ins for miscellaneous of | | | | | | | | | | |
| 13. | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | _ | | | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | |
| | Summary of remaining write-ins for Line | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | T | | | | | |
| | | 0 | rdinary | , | up and Individual) | | Group | | Industrial | Total | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | No. of Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | | | | | | No. of | | | | | |
| 200 | POLICY EXHIBIT | 40 | 00.700 | | (-) | Policies | 45.004.504 | | | 40 | 45 000 007 |
| 20. 21. | In force December 31, prior year Issued during year | | 23,736 | | (a) | | 15,904,501 | | | 18 | 15,928,237 |
| 22. | Other changes to in force (Net) | | | | | | (527,698) | | | (1) | (528,698) |
| 23. | In force December 31 of current | \'' | (-, / | | | | (3.11,210) | | | ``' | (= =,===) |

17

. 22,736

ACCIDENT AND HEALTH INSURANCE

(a).

15,376,803

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year ...



DIRECT BUSINESS IN THE STATE OF TENNESSEE

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| | C Group Code: 0000 | | | | LIFE INSURA | NCE | | | C Company | | |
|--------------|--|---------------------|---|---------------------------------------|-----------------------------------|---------------------------------------|--------------|--------|------------|---|--------------|
| | • | | 1 | | 2 | | 3 | | 4 | 1 | 5 |
| | DIRECT PREMIUMS | | Ordina | | Credit Life | | Crown | | Industrial | | Total |
| 1. | AND ANNUITY CONSIDERATIONS Life Insurance | | Ordina | | (Group and Individ | | Group 2 | 644 | | 70 | Total 526,45 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 522,350 | | | 2 | ,644 | 20,2 | 79 | 545,27 |
| DI | RECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | 7,355 | i | | | | | | 7,35 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem paying period | num - | | 0.010 | | | | | | | 9.04 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 15 366 | | | | | | | |
| Δnnı | uities: | | | 13,500 | ' | | | | | | |
| Ailliu | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 15,366 | | | | | | | 15,366 |
| l . | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | 302,498 |
| 10. 11. | Matured endowments | | | | | | | | | | 6,144 |
| 12. | Annuity benefits | ifa contracts | . | 62 763 | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | • • • • • • • • • • • • • • • • • • • | 02,700 | ' | | | | | or | |
| 10. | claims and benefits paid | | | | | | | | | . | |
| 14. | All other benefits, except accident and | | | | | I | | | | | |
| 15. | Totals | | | 338,572 | | | | | 47,0 | 30 | 385,602 |
| DET/ | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| 4000 | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | | · · · · · · · · · · · · · · · · · · · | |
| | ı | , | Ordinary | (Grou | Credit Life up and Individual) | | Group | ١, | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | _ | No. of | , | | | , | Ŭ | | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 248 | 97,764 | | | | | 522 | 66,970 | 770 | 164,734 |
| 17. | Incurred during current year | 58 | 255,586 | | | | | 125 | 40,298 | 183 | 295,884 |
| 40. | Settled during current year: | | 0=0.0= : | | | | | | 60.45= | | 222.22 |
| 18.1 | By payment in full | 52 | 272,274 | | | | | 48 | 36,407 | 100 | 308,681 |
| 18.2 18.3 | By payment on compromised claims . Totals paid | 52 | 272,274 | | | | | 48 | 36,407 | 100 | 308,68 |
| 18.4 | Reduction by compromise | | | | | | | 40 | | 100 | |
| 18.5 | Amount rejected | 1 | | | | | | | | | |
| 18.6 | Total settlements | 52 | 272,274 | | | | | 48 | 36,407 | 100 | 308,681 |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | 254 | 81,076 | | | | | 599 | 70,861 | 853 | 151,937 |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | | 37,493,868 | | (a) | 1 | 79,715,445 | 3,626 | 2,435,331 | 8,135 | 119,644,644 |
| 21. | Issued during year | | 7,223,791 | | | | (45 000 404) | | (440.400) | 370 | 7,223,791 |
| | Other changes to in force (Net) | (۲۵/۵) _ا | (13,790,714) | | | (1) | (15,233,434) | (236) | (149,132) | (1,115) | (29,173,280 |
| 22. | • , | | | | | | | | | | |
| 23. | In force December 31 of current year | 4,000 | 30,926,945 | | (a) | | 64,482,011 | 3,390 | 2,286,199 | 7,390 | 97,695,155 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND DEALI | H INSURAING | · C | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | 32,263 | 32,263 | | 14,935 | 25,903 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | 3,808 | 3,765 | | | (183) |
| 25.3 | Non-renewable for stated reasons only (b) | 277 | 277 | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 18,772 | 18,506 | | 25,354 | 26,066 |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 22,857 | 22,548 | | 25,354 | 25,883 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF TEXAS

DURÎNG THE YEAR 2008

275,856,228

| INAI | C Group Code: 0000 | | | | LIFE INSURP | INCE | | INF | NC Company | / Code: | 0/032 |
|-------|--|------------|-----------|----------|--------------------|----------|--------|--------|------------|---------|--------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordina | arv | (Group and Individ | ual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | , | | | | | | | 24,556 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | X X X | | |
| 4. | Other considerations | | I | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | 24,556 |
| | RECT DIVIDENDS TO POLICYHO | | | 21,000 | | | | | | | 21,000 |
| | | LDENS | | | | | | | | | |
| Lite | nsurance: | | | | | | | | | | 50 |
| | 6.1 Paid in cash or left on deposit. | | | | | | | | | | 50 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prempaying period | ium - | | 00 | | | | | | | 22 |
| | | | | | | | | | | | 23 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | /3 | | | | | | | /3 |
| Annı | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit . | | | | | - 1 | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 73 | | | | | | | 73 |
| | DIRECT CLAIMS AND BENEFITS | PAID | | | | | | | | | |
| 9. | Death benefits | | I | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | 8 | 6 | | | | | | | 6 |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | 6 | | | | | | | 6 |
| DETA | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. | | | | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | 398) (Line | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | (| Ordinary | (Grou | p and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 3 | 322 | | | | 1 10,0 | 00 | | 4 | 10,322 |
| 17. | Incurred during current year | 1 | 609 | | | | | | | 11 | |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | . | | | | |
| 18.5 | Amount rejected | | | | | | . | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | 4 | 931 | | | | 1 10,0 | 00 | | 5 | 10,931 |
| | , | | | | | No. of | | | | | , - |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 192 | 3,170,242 | | (a) | | | 23 | | 192 | 298,281,765 |
| 21. | Issued during year | | 475,000 | | (<i>a</i>) | | | | | 12 | |
| 22. | Other changes to in force (Net) | | | | | | | | | (8) | |
| 23. | In force December 31 of current | (3) | | | | | | ′ | | | (==,000,001) |

196

. . 3,541,796

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | HIND HEALT | INSURANC | · L | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | (25) | (25) | | 104,975 | 109,670 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | (25) | (25) | | 104,975 | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year



DIRECT BUSINESS IN THE STATE OF UTAH

LIFE INSURANCE

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | NCE | | NAI | C Company | Code: | 67032 |
|----------------|--|--------|----------|-------------|--------------------|--------------------|------------|--------|------------|--------|------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| 4 | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Individ | | Group | | Industrial | | Total |
| 1. 2. | Life Insurance | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | I . | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| 1 | nsurance: | LDLING | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| Annı | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annu | ities:7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | 1 | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. 11. | Matured endowments Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DET | AILS OF WRITE-INS | | • | | • | | | | | • | |
| 1301. | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | , , | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | , | up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 No. of | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | : | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | Number | Amount | Certifs. | Amount | ficates | s Amount | Number | Amount | Number | Amount |
| 17. | Incurred during current year | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. | In force December 31, prior year | | 18,955 | 1 | (a) | | 38,666,794 | | | 18 | 38,685,749 |
| 21. 22. | Issued during year Other changes to in force (Net) | | | 1 | | | 1,748,336 | | | | 1,748,336 |
| 23. | In force December 31 of current | | | | | | 1,740,330 | | | | 1,740,550 |
| | year | 18 | 18,955 | | (a) | | 40,415,130 | | | 18 | 40,434,085 |

ACCIDENT AND HEALTH INSURANCE

| | AGGIDEN | | | _ | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | | |
| 24.1 | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF VERMONT

LIFE INSURANCE

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | NCE | | NA | IC Company | Code: | 67032 |
|----------------------------|---|-------------------------|---------------|-------------------------------|--|------------------|-------------|--------|-----------------|--------|-------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | ary | 2 Credit Life (Group and Individ | ual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. 2. 3. 4. 5. | Life Insurance Annuity considerations Deposit-type contract funds Other considerations Totals (sum of Lines 1 to 4) | | | | XXX | | | | XXX | | |
| - | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| Life I | nsurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premium 6.3 Applied to provide paid-up addit shorten the endowment or prem | ns ions or iium - | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annı 8. | 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annu Other | ities | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. 10. 11. | Death benefits Matured endowments Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | i | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. | | | | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 13 above) | 398) (Line | | | | | | | | | |
| | 1 | | > " | (0 | Credit Life | | 0 | | | | T |
| | | 1 | Ordinary 2 | 3 | up and Individual) 4 | 5 | Group 6 | 7 | Industrial 8 | 9 | Total 10 |
| | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Nemakaa | | No. of Ind.Pols & Group | | No. of Certi- | | · | | | |
| 16. | Unpaid December 31, prior year | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 17. | Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.5 | Amount rejected | I | | | | | | | | | |
| 18.6 19. | Total settlements | | | | | | | | | | |
| | · | | | | | No. of | : | | | | |
| 20. | POLICY EXHIBIT In force December 31, prior year | 13 | 11,587 | | (a) | Policies | s 9,575,530 | | | 13 | 9,587,117 |
| 21. 22. 23. | Issued during year Other changes to in force (Net) In force December 31 of current | | | 1 | | | (1,256,568) | | | | (1,256,568) |
| 20. | year | 13 | 11,587 | <u></u> | (a) | | 8,318,962 | | | 13 | 8,330,549 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF VIRGINIA

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| | C Group Code: 0000 | ., 0 | | | LIFE INSURA | NCF | | | C Company | | |
|---|---|--------------------|----------|-------------|-----------------------------------|--------------------|-------------|------------|------------|-------------------|--------------------|
| 1 1/ (1 | O Group Gode: 0000 | | 1 | | 2 | IIIOL | 3 | 14/ (1 | 4 | | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | Ordina | arv | Credit Life (Group and Individ | dual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | , | | | | | 84,45 | 53 | |
| 2. | Annuity considerations | | | 10,366 | | | | | | | 10,366 |
| 3. | Deposit-type contract funds | | | | | | | | | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 912,765 | | | | | 84,45 | 03 | 997,218 |
| | IRECT DIVIDENDS TO POLICYHO | DEDEKS | | | | | | | | | |
| Life | Insurance: 6.1 Paid in cash or left on deposit | | | 10 547 | | | | | | | 10 547 |
| | 6.2 Applied to pay renewal premium | | | | | | | I | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | nium - | | | | | | | | | |
| | paying period | | | | | | | I | | | |
| | 6.4 Other | | | 20.720 | | | | | | | |
| A | | | | 28,738 | | | | | (21 | 4) | 28,524 |
| Annu | uities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | I | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 28,738 | | | | | (21 | 4) | 28,524 |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. 10. | Death benefits | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | direct | | , | | | | | -, | | ,,,,, |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | /31,056 | | | | | 129,90 |)2 | 860,958 |
| | AILS OF WRITE-INS | | | | | | | | | | |
| | | | | | | I | | I | | | |
| | | | | | | | | I | | | |
| l . | Summary of remaining write-ins for Lin | | | | | | | | | | |
| 1000. | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | , | ıp and Individual) | | Group | | ndustrial | • | Total |
| | | 1 | 2 | 3 No. of | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 539 | 213,770 | | | | | 1,634 | 197,609 | 2,173 | 411,379 |
| 17. | Incurred during current year | 200 | 613,143 | | | | | 577 | 132,720 | 777 | 745,863 |
| 1 | | | I | 1 | | | | | 100 500 | 370 | 754 400 |
| 10 1 | Settled during current year: | 205 | 600.000 | | | | | 100 | | | 751,438 |
| 18.1 18.2 | By payment in full | 205 | 622,856 | | | | | 165 | | | |
| 18.2 | By payment in full | | | | | | | 165 165 | | 370 | 751.438 |
| | By payment in full | 205 | | | | | | 165 | | | 751,438 |
| 18.2 18.3 18.4 18.5 | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected | 205 | 622,856 | | | | | 165 | 128,582 | 370 | |
| 18.2 18.3 18.4 18.5 18.6 | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements | 205 | 622,856 | | | | | 165 | 128,582 | 370 | , |
| 18.2 18.3 18.4 18.5 | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines | 205 | 622,856 | | | | | 165 | 128,582 | 370 | |
| 18.2 18.3 18.4 18.5 18.6 | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements | 205 | 622,856 | | | | | 165 | 128,582 | 370 | |
| 18.2 18.3 18.4 18.5 18.6 | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 205 | 622,856 | | | No. of | | 165 | 128,582 | 370 | |
| 18.2 18.3 18.4 18.5 18.6 19. | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 205 | | | | No. of Policies | | 165 | | 370 370 370 2,580 | 751,438 405,804 |
| 18.2 18.3 18.4 18.5 18.6 | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 205 205 534 | 622,856 | | | No. of | | 165 | 128,582 | 370 | |
| 18.2 18.3 18.4 18.5 18.6 19. | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year | 20520553411,101205 | | | (a) | No. of Policies | | 165 | | 370 370 2,580 | |
| 18.2 18.3 18.4 18.5 18.6 19. | By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year | 20520553411,101205 | | | (a) | No. of Policies | 179,699,044 | 165 | | | |

ACCIDENT AND HEALTH INSURANCE

| | | 1 | 2 | 3 | 4 | 5 |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | (63) | (63) |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | 5,836 | 5,715 | | 300 | 300 |
| 25.3 | Non-renewable for stated reasons only (b) | | 22 | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 52,624 | 52,833 | | 8,987 | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 58,460 | 58,570 | | 9,287 | 10,869 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 58,460 | 58,570 | | 9,224 | 10,806 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products ..



DIRECT BUSINESS IN THE STATE OF WASHINGTON

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | NCE | | NAI | C Company | | | | | |
|--------------|--|--------|---|---------------------|--------------------------------|-------------------|-------------|--------|------------|--------------|-------------|--|--|--|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 | | | |
| | AND ANNUITY CONSIDERATIONS | | Ordina | ary | (Group and Individ | ual) | Group | | Industrial | | Total | | | |
| 1. | Life Insurance | | | 535 | | | | | | | 535 | | | |
| 2. | Annuity considerations | | | | | | | | | | | | | |
| 3. 4. | Other considerations | | | | | | | | X X X | 1 | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 535 | | | | | | | 535 | | | |
| D | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | | | | |
| Life | nsurance: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up additi | | | | | | | | | | | | | |
| | shorten the endowment or prem | ium - | | | | | | | | | | | | |
| | paying period | | | | | | | | | | 24 | | | |
| | 6.4 Other | | | 166 | | | | | | | | | | |
| Annı | iities: | | | 100 | | | | | | | | | | |
| , | 7.1 Paid in cash or left on deposit | | | | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | PAID | | | | | | | | | | | | |
| 9. | Death benefits | | | | | I | | I | | | 1,000 | | | |
| 10. 11. | Matured endowments Annuity benefits | | | | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous of | direct | | | | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | | | | |
| 14. 15. | Totals | | | | | | | | | | 1 000 | | | |
| DET | AILS OF WRITE-INS | | | | | • | | • | | · | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | . | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | | | | |
| 1000. | overflow page | | | | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | | | | |
| | 13 above) | | | | | | | | | . | | | | |
| | 1 | | Ordinary | (Grou | Credit Life up and Individual) | | Group | | ndustrial | | Total | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| | | | | No. of | | | | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols & Group | | No. of | | | | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | Certi- ficates | Amount | Number | Amount | Number | Amount | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | | | | | |
| 17. | Incurred during current year | 1 | 1,000 | | | | | | | 1 | 1,000 | | | |
| 18.1 | Settled during current year: By payment in full | 1 | 1,000 | | | | | | | ₁ | 1.000 | | | |
| 18.2 | By payment on compromised claims | | 1,000 | | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | 1 | 1,000 | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | | 1,000 | | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | [| 1,000 | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | | | | |
| | DOLLOV EVLUBIT | | | | | No. of | | | | | | | | |
| 20. | POLICY EXHIBIT In force December 31, prior year | 34 | 54,737 | | (a) | Policies | 97,129,799 | | | 34 | 97,184,536 | | | |
| 20. 21. | Issued during year | | | | (α) | | 31,123,133 | | | | 31,104,330 | | | |
| 22. | Other changes to in force (Net) | (7) | (7,529) | | | | (4,824,562) | | | (7) | (4,832,091) | | | |
| 23. | In force December 31 of current | 27 | 47 208 | | (a) | | 92 305 237 | | | 27 | 92 352 445 | | | |

47,208

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDENT | I AND HEALI | 11 11400177140 | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 4.2 | Credit (Group and Individual) | | | | | |
| 4.3 | Collectively Renewable Policies (b) | | | | | |
| 4.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 5.1 | Non-cancelable (b) | | | | | |
| 5.2 | Guaranteed renewable (b) | | | | | |
| 5.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 5.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 5.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 6 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year ..



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA

LIFE INSURANCE NAIC Group Code: 0000 NAIC Company Code: 67032

| INAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | NA! | C Company | Code: | 6/032 |
|--------------|--|--------|----------|----------|-----------------------|-----------|-------------|--------|----------------|--------|------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | de a D | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Indivi | | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | | | | | |
| 2. 3. | Annuity considerations | | | | | | | I | X X X | | |
| 3. 4. | Deposit-type contract funds Other considerations | | | | | | | 1 | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| * . | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| | nsurance: | LDLING | | | | | | | | | |
| LIIE I | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annu | iities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| _ | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. 11. | Matured endowments | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | I | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | I | | | | | |
| 15. | Totals | | | | | | | | | | |
| DET/ | AILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | 0 1 | (0 | Credit Life | | ^ | | 1 11 1 | | T |
| | | 1 | Ordinary | (Gro | up and Individual) 4 | - | Group 6 | 7 | ndustrial 8 | 9 | Total |
| | | ' | 2 | No. of | 4 | 5 | 0 | ' | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | 2 | 134 | | | | | | | 2 | |
| 17. | Incurred during current year | 1 | | | | | | | | 1 | 78 |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 18.5 | Reduction by compromise | | | | | | | | | | |
| 18.6 | Amount rejected | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | 1 | | | | | |
| | 16 + 17 - 18.6) | 3 | 212 | | | | | | | 3 | |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 9 | 26,241 | | (a) | . 3110103 | 29,513,673 | | | 9 | 29,539,914 |
| 21. | Issued during year | | | | (-) | | 20,010,010 | | | | 20,000,01- |
| 22. | Other changes to in force (Net) | (2) | (1,078) | | | | (1,767,061) | | | (2) | (1,768,139 |
| 23. | In force December 31 of current | ` ′ | | | | | | | | ` ′ | ' ' ' |
| | vear | 7 | 25 163 | | (a) | 1 | 27 746 612 | | | 1 7 | 27 771 779 |

25,163

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year ..



DIRECT BUSINESS IN THE STATE OF WISCONSIN

DURING THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSURA | ANCE | | NA | IC Company | y Code: | 67032 |
|--------------|---|--------------------------|-------------|-----------------|--|------------------|---------------|--------|--------------|---------|--------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | arv | 2 Credit Life (Group and Individ | dual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | | | | | | | | 25 |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | X X X | | |
| 4. 5. | Other considerations | | | | | | | | | | |
| | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | 23 |
| | INSURANCE: | JLDENS | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | 47 | | | | | | | 47 |
| | 6.2 Applied to pay renewal premiun 6.3 Applied to provide paid-up addit shorten the endowment or prem paying period 6.4 Other | ns tions or nium - | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annı | uities: | | | 41 | | | | | | | 41 |
| 7 | 7.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | I | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | 47 | | | | | | | 41 |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | I | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | S | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DETA | AILS OF WRITE-INS | | ' | | • | | | ' | | | |
| 1301. | | | | | | | | | | | |
| 1302. | | | I | | | | | | | | |
| 1303. | | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lir overflow page | | | | | | | | | | |
| 1399 | Totals (Lines 1301 through 1303 plus | | | | | | | | | | |
| 1000. | 13 above) | , , | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | 1 | |
| | | (| Ordinary | , | up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIDECT DEATH DENIERTS | | | No. of Ind.Pols | | No of | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | & Group | | No. of Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | 1,240 | | | | | | | 1 | 1,240 |
| 17. | Incurred during current year | | | | | | | | | | |
| 10 1 | Settled during current year: | | | | | | | | | | |
| 18.1 18.2 | By payment in full | | | | | | | | | | |
| 18.3 | Totals paid | | | 1 | | 1 | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 | 1 240 | | | | | | | 11 | 1,240 |
| | 10 · 11 - 10.0j | | 1,240 | | | No. of | | | | 1 | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 40 | 45,553 | | (a) | | | 7 | | 40 | 56,393,990 |
| 21. | Issued during year | | | | | | | | | | |
| 22. | Other changes to in force (Net) | (4) | (2,113) | | | | . (12,128,387 | 7) | | (4) | (12,130,500) |
| 23. | In force December 31 of current | 1 | I | 1 | I | 1 | | 1 | 1 | 1 | 1 |

36

43,440

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND DEALI | H INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year ...



DIRECT BUSINESS IN THE STATE OF WYOMING

DURÍNG THE YEAR 2008 NAIC Group Code: 0000 NAIC Company Code: 67032 LIFE INSURANCE

| INAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | <u>INAI</u> | C Company | <u>/ Code:</u> | 6/032 |
|--------------|--|--------|----------|----------|--------------------|----------|------------|-------------|------------|----------------|------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | d D | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordina | | (Group and Indiv | | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | I | | | | | |
| 2. 3. | Annuity considerations | | | | | | | | X X X | | |
| 3. 4. | Deposit-type contract funds Other considerations | | | | | I | | I | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| * . | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| | nsurance: | LDLING | | | | | | | | | |
| LIIC | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annu | iities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | I | | | | | | | | |
| | 7.3 Other | | | | | | | | | . | |
| 0 | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | I | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. 10. | Death benefits | | I | | | | | | | | |
| 10. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | | | | I | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | • | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | 1 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Common of remaining units in faul in | | | | | | | | | | |
| 1390. | Summary of remaining write-ins for Lin overflow page | | | | | | | | | | |
| 1300 | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| 1000. | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | T | | | | | |
| | · | | Ordinary | (Gro | up and Individual) | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| 10 1 | Settled during current year: | | | | | | | | | | |
| 18.1 18.2 | By payment in full | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | <u> </u> | |
| • | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 3 | 3,686 | | (a) | | 10,391,205 | | | 3 | 10,394,89 |
| 21. | Issued during year | | | | | | | | | | |
| 22. | Other changes to in force (Net) | | | | | | (158,994) | | | | (158,994 |
| 23. | In force December 31 of current | 3 | 3 686 | | (-) | | 10 232 211 | | | 3 | 40.005.00 |
| | vear | 1 3 | 3 686 | 1 | (a) | 1 | 10 232 211 | 1 | 1 | . 3 | 10 235 897 |

3,686

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDENT | I AND HEALT | II IIIOUNAIIO | · L | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Gradit (Croup and Individual) | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1 | l | | 1 | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year ..



DIRECT BUSINESS IN THE STATE OF AMERICAN SAMOA

NAIC Company Code: 67032 NAIC Group Code: 0000 LIFE INSURANCE

| INAI | C Group Code: 0000 | | | | LIFE INSURF | INCE | | INAI | C Company | Code: | 0/032 |
|-------------------------|--|--------|----------|----------|--------------------|----------|--------|----------|---------------------------------------|----------|--------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| 4 | AND ANNUITY CONSIDERATIONS | | Ordin | | (Group and Individ | | Group | | Industrial | - | Total |
| 1. | Life Insurance | | | | | | | | | | |
| 2. | Annuity considerations | | | | | | | I | · · · · · · · · · · · · · · · · · · · | | |
| 3. 4. | Deposit-type contract funds | | | | | | | | XXX | | |
| +. 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| - | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| | | LDEKS | | | | | | | | | |
| Liie i | nsurance: 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annu | ıities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | ities | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8 | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | PAID | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | 3 | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | airect | | | | | | | | | |
| 14. | All other benefits, except accident and | hoolth | | | | | | | | | |
| 1 4 . 15. | Totals | | | | | | | | | | |
| _ | | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | | | | | | | |
| | write-in description 1 for line 13 write-in description 2 for line 13 | | | | | | | | | | |
| | write-in description 3 for line 13 | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| 1000. | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | 1 | | Credit Life | | | | | | |
| | | (| Ordinary | (Gro | up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | Nimber | A | & Group | A | Certi- | A 4 | Niverban | A | Nimalana | A t |
| 16 | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. 17. | Unpaid December 31, prior year Incurred during current year | | | | | | | | | | |
| 17. | Settled during current year: | | | | | | | | [| | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | [| | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 8.5 | Amount rejected | | | | | | | | [| | |
| 8.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | | | | (a) | | | | | | |
| 21. | Issued during year | | | | | | | | [| | |
| 22. | Other changes to in force (Net) | | | | | | | | | | |

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDENT | I AND HEALT | II IIIOUNAIIO | · L | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Gradit (Croup and Individual) | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1 | l | | 1 | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,711, and number of persons insured under indemnity only products8,081.

23.

year ..

In force December 31 of current



DIRECT BUSINESS IN THE STATE OF GUAM

LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | LIFE INSURA | | NA | NAIC Company Code: 67032 | | | | | |
|--------------|--|---------|-------------|---------------------|---------------------------------------|---------------------------------------|------------|--------|-----------------|--------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | an/ | 2 Credit Life (Group and Indivi | idual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | _ | • | (Group and main | | Oroup | | industrial | | Total |
| 2. | Annuity considerations | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | I . | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| | nsurance: | JLDEK9 | | | | | | | | | |
| Life | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | ions or | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annı | ities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | | | | | | | | | | |
| | claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | 1 | | | | | | |
| | write-in description 1 for line 13 write-in description 2 for line 13 | | | | | | | | | | |
| | write-in description 3 for line 13 | | | | | I . | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | , , | | | | | | | | | |
| | 13 above) | | | | Credit Life | · · · · · · · · · · · · · · · · · · · | | | | | |
| | · | | Ordinary | (Grou | p and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIDECT DEATH DENESITO | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | Ind.Pols & Group | | No. of Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| 18.1 | Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 | By payment in full | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 18.6 | Amount rejected | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | · | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | () | Policies | | | | | 122-52 |
| 20. 21. | In force December 31, prior year | | 1,000 | | (a) | | 4,094,526 | | | 1 | 4,095,526 |
| 22. | Other changes to in force (Net) | | | | | | (| | | | (372,319) |
| 23. | In force December 31 of current | | | | | | (212,010) | | | | (512,513) |
| | year | 1 | 1,000 | | (a) | | 3,722,207 | | | 1 | 3,723,207 |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDEN | I AND HEALT | 1111100117110 | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26 | Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



17,664,493

DIRECT BUSINESS IN THE STATE OF PUERTO RICO

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | LIFE INSURANCE | | | NA | NAIC Company Code: 67032 | | | | |
|-------------|--|-----------|----------------|-----------------|--------------------------------------|----------|--------------------------|--------|-----------------|--------|-------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | arv | 2 Credit Life (Group and Indiv | idual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | _ | | + ` ' | | | | | | |
| 2. | Annuity considerations | | | | | I . | | | | | |
| 3. | Deposit-type contract funds | | | | | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| | NECT DIVIDENDS TO POLICTIC | LUEKO | | | | | | | | | |
| LIIE | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | I . | | | | | |
| | 6.3 Applied to provide paid-up addit | ions or | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | _ | |
| Δnnıı | vities: | | | | | | | | | | |
| , | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | ities | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| 0 | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | DAID | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | I | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | 5 | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident and | health | | | | I . | | | | | |
| 15. | Totals | | | | | | | | | | |
| DETA | AILS OF WRITE-INS | | • | | ' | | | ' | | | |
| | write-in description 1 for line 13 | | | | | | | | | | |
| 1302. | write-in description 2 for line 13 | | | | | | | | | | |
| | write-in description 3 for line 13 | | | | | | | | | | |
| 1398. | Summary of remaining write-ins for Lin overflow page | e 13 from | | | | | | | | | |
| 1300 | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| 1000. | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | , | up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | No. of Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| 18.1 | Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims . | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 19. | Total settlements | | | | | | | | | | |
| 13. | 16 + 17 - 18.6) | | | | | | | | | [| |
| | | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | 3 | 3,000 | | (a) | | 20,738,222 | | | 3 | 20,741,222 |
| 21. | Issued during year | | | | | | (0.070.700) | | | | (0.070.700) |
| 22. | Other changes to in force (Net) | | | | | | (3,076,729) | | | | (3,076,729) |

3,000

ACCIDENT AND HEALTH INSURANCE

17,661,493

(a).

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

In force December 31 of current

year ..



DIRECT BUSINESS IN THE STATE OF U.S. VIRGIN ISLANDS

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

| 1 1/ 1/ | o ordap odde. dddd | | | | EII E IIVOOIV | "10" | | 1 1/ 1/ | O Company | Oud. | 07002 |
|----------|--|--------|----------|-----------------|--------------------|------------------|-----------|----------|------------|----------|-----------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordin | . , | (Group and Indivi | dual) | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | | I . | | 1 | |
| 2. | Annuity considerations | | | | | | | | | I | |
| 3. 4. | Deposit-type contract funds Other considerations | | | | | | | | X X X | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| | IRECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| | Insurance: | LDLING | | | | | | | | | |
| Lile | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up additi | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annı | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annui 7.3 Other | | | | | | | I . | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | I | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | I . | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | . | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | S | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous of | | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| | AILS OF WRITE-INS | | | | | | | | | . | |
| | | | | | 1 | | | | | | |
| | write-in description 1 for line 13 write-in description 2 for line 13 | | | | | | | | | | |
| | write-in description 3 for line 13 | | | | | | | | | | |
| | Summary of remaining write-ins for Line | | | | | | | | | | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | , | up and Individual) | | Group | | Industrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | | | No. of Ind.Pols | | No of | | | | | |
| | AND MATURED | | | & Group | | No. of Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 | By payment on compromised claims | | | | | | | | | | |
| 18.3 | Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | [| 1 | | 1 | 1 | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | , | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | <u> </u> | | | |
| 20. | In force December 31, prior year | | | | (a) | | 1,704,208 | | | | 1,704,208 |
| 21. | Issued during year | | | | | | | | | | |
| 22. | Other changes to in force (Net) | | | | | | (279,894) | | | | (279,894) |
| 23. | In force December 31 of current | | | | (5) | | 1 404 214 | | | | 1 404 244 |

ACCIDENT AND HEALTH INSURANCE

.. (a).

| | ACCIDENT | I AND DEALI | INSURANC | · C | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF CANADA

DURÎNG THE YEAR 2008 NAIC Company Code: 67032

| NAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | NAI | C Company | y Code: | 67032 |
|--------------|---|-----------|------------|---------------------|---------------------------------------|--------------------|------------|----------|-----------------|---------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordin | arv | 2 Credit Life (Group and Indivi | idual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | | | | | I | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | XXX | I | | I . | X X X | | |
| 4. | Other considerations | | | | | I | | | | | |
| 5. | Totals (sum of Lines 1 to 4)IRECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| 1 | INSURANCE: | DLDEKS | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | nium - | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| Annı | uities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| 11. 12. | Annuity benefits | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous | direct | | | | | | | | | |
| 14. | claims and benefits paid | | | | | | | | | | |
| 15. | Totals | | | | | I | | | | | |
| DET | AILS OF WRITE-INS | | ' | | • | ' | | ' | | | |
| | write-in description 1 for line 13 | | | | | | | | | | |
| | write-in description 2 for line 13 write-in description 3 for line 13 | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | e 13 from | | | | | | | | | |
| 1300 | overflow page | | | | | | | | | | |
| 1555. | 13 above) | | | | | | | | | | |
| | 1 | | | (0 | Credit Life | | 0 | | 1 111 | | T |
| | | 1 1 | Ordinary 2 | (Gro | up and Individual) 4 | 5 | Group 6 | 7 | ndustrial 8 | 9 | Total 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS AND MATURED | | | Ind.Pols & Group | | No. of Certi- | | | | | |
| | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 18.3 | By payment on compromised claims . Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | I I | | | | | | | | | |
| 18.6 19. | Total settlements | | | | | | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. | In force December 31, prior year | 10 | 7,416 | | (a) | | | | | 10 | |
| 21. | Issued during year | | | | | | | | | | |
| 22. | Other changes to in force (Net) | (7) | (4,637) | | | | | | | (7) | (4,637) |

3

..0.

. 2,779

ACCIDENT AND HEALTH INSURANCE

(a).

| | ACCIDENT | I AND HEALI | II IIIOUNAIIC | ' L | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.1 | Federal Employees Health Benefits Program Premium (b) | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year



8,450,930

DIRECT BUSINESS IN THE STATE OF OTHER ALIEN

NAIC Company Code: 67032 NAIC Group Code: 0000 LIFE INSURANCE

| INAI | C Group Code: 0000 | | | | LIFE INSUR | ANCE | | <u>INAI</u> | C Company | Code: | 6/032 |
|--------------|---|--------|------------|----------|--------------------|----------|-------------|-------------|------------|--------|------------|
| | DIRECT PREMIUMS | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| | AND ANNUITY CONSIDERATIONS | | Ordin | , | (Group and Indivi | | Group | | Industrial | | Total |
| 1. | Life Insurance | | | | | | | | | | |
| 2. 3. | Annuity considerations | | | | | | | | X X X | | |
| 3. 4. | Deposit-type contract funds Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | | | | | | | | |
| | RECT DIVIDENDS TO POLICYHO | | | | | | | | | | |
| | nsurance: | LDLING | | | | | | | | | |
| LIIE | 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 6.2 Applied to pay renewal premium | | | | | I | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prem | | | | | | | | | | |
| | paying period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annu | iities: | | | | | | | | | | |
| | 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | ities | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | I | | | | | |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for li | | S | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | airect | | | | | | | | | |
| 14. | All other benefits, except accident and | hoolth | | | | | | | | | |
| 15. | Totals | | | | | | | | | | |
| DET | AILS OF WRITE-INS | | | | 1 | | | | | | |
| | | | | | | | | | | | |
| | write-in description 1 for line 13 write-in description 2 for line 13 | | | | | | | | | | |
| | write-in description 3 for line 13 | | | | | | | | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | . | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | (Gro | up and Individual) | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | | | & Group | | Certi- | | | | | |
| 10 | ENDOWMENTS INCURRED | Number | Amount | Certifs. | Amount | ficates | Amount | Number | Amount | Number | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | | |
| 10 1 | Settled during current year: | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | | |
| 18.2 18.3 | By payment on compromised claims . Totals paid | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | | | | |
| 18.5 | Amount rejected | | | | l | | | | | | |
| 18.6 | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines | | | | | 1 | | | | | |
| | 16 + 17 - 18.6) | | | | | | | | | | |
| | , | | | | | No. of | | | | | |
| | POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. | In force December 31, prior year | | 37 | | (a) | | 10,180,984 | | | 1 | 10,181,02 |
| 21. | Issued during year | | | | | | | | | | |
| 22. | Other changes to in force (Net) | (1) | (37) | | | | (1,730,054) | | | (1) | (1,730,091 |
| 23. | In force December 31 of current | ` ′ | ' ' | | | | | | | ' | |
| | vear | | | 1 | (a) | | 8 450 930 | | | I | 8 450 930 |

ACCIDENT AND HEALTH INSURANCE

8,450,930

(a).

| | AGGIDEN | | | _ | | |
|------|---|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | | | | |
| 24.1 | Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

year ..

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

NAIC Group Code: 0000

LIFE INSURANCE

DURÍNG THE YEAR 2008 NAIC Company Code: 67032

| INAI | C Group Code. 0000 | | | | LIFE INSURF | AINCE | | INAI | C Company | Code. | 07032 |
|------------|--|------------|---|---------------------|--|-------------|-----------------|---------------|------------------|---------------|------------------------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordina | ary | 2 Credit Life (Group and Individ | dual) | 3 Group | | 4 Industrial | | 5 Total |
| 1. | Life Insurance | | | 12.830.847 | İ | | 6,627 | 531 | 559.5° | 16 | 20.017.895 |
| 2. | Annuity considerations | | | 387,588 | | | | | | | 387,588 |
| 3. | Deposit-type contract funds | | | | XXX | | | | X X X | | |
| 4. | Other considerations | | | | | | | | | | |
| 5. | Totals (sum of Lines 1 to 4) | | | 13,218,436 | | | 6,627 | 531 | 559,5 | 16 | 20,405,483 |
| DI | RECT DIVIDENDS TO POLICYHO | DLDERS | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | 6.1 Paid in cash or left on deposit . | | | | | | | | | | 143,610 |
| | 6.2 Applied to pay renewal premium | | | | | | | | | | |
| | 6.3 Applied to provide paid-up addit | | | | | | | | | | |
| | shorten the endowment or prempaying period | ılum - | | 204 400 | | | | | (01 | C) | 202 502 |
| | 6.4 Other | | | | | | | | | | |
| | 6.5 Totals (sum of Lines 6.1 to 6.4) | | | 428 D18 | | | | | | | |
| Annı | vities: | | | 420,010 | | | | | (01 | 0) | 421,202 |
| Aiiiiu | 7.1 Paid in cash or left on deposit. | | | | | | | | | | |
| | 7.2 Applied to provide paid-up annu | | | | | | | I | | 1 | |
| | 7.3 Other | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | 428,018 | | | | | (81 | 6) | 427,202 |
| | DIRECT CLAIMS AND BENEFITS | | | | | | | | | | |
| 9. | Death benefits | | | | | | | | | | |
| 10. | Matured endowments | | | | | | | 1 | ,- | - | , |
| 11. | Annuity benefits | | | | | | | | | | |
| 12. | Surrender values and withdrawals for I | | S . | . 1,855,996 | | | | | 317,40 | 02 | 2,173,398 |
| 13. | Aggregate write-ins for miscellaneous claims and benefits paid | direct | | | | | | | | | |
| 14. | All other benefits, except accident and | | | | | | | | | | |
| 15. | Totals | iicaiui | | 8 853 846 | | | 6,255 | 238 | 1 257 9 | 14 | 16 366 998 |
| | AILS OF WRITE-INS | | | . 0,000,010 | | | | 200 | | | 10,000,000 |
| | write-in description 1 for line 13 | | | | | | | | | | |
| | write-in description 2 for line 13 | | | | | | | | | | |
| | write-in description 3 for line 13 | | | | | | | 1 | | | |
| | Summary of remaining write-ins for Lin | | | | | | | | | . | |
| | overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1 | | | | | | | | | | |
| | 13 above) | | | | | | | | | | |
| | 1 | | | | Credit Life | | | | | | |
| | | | Ordinary | (| ip and Individual) | | Group | | ndustrial | | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIDEOT DEATH DENESTO | | | No. of | | | | | | | |
| | DIRECT DEATH BENEFITS | | | Ind.Pols | | No. of | | | | | |
| | AND MATURED | Number | Amount | & Group Certifs. | Amount | Certi- | Amount | Number | Amount | Number | Amount |
| 16. | ENDOWMENTS INCURRED Unpaid December 31, prior year | 3,334 | Amount 1,450,409 | Certiis. | Amount | ficates | Amount 209,009 | Number 23,804 | Amount 2,478,310 | Number 27,152 | Amount 4,137,728 |
| 10. 17. | Incurred during current year | 1,589 | 7,186,884 | | | 185 | | 4,465 | | 6,239 | 14,478,758 |
| | Settled during current year: | 1, | , | | | | 3,110,040 | , | 1,112,020 | 0,200 | 17,770,730 |
| 18.1 | By payment in full | 1,507 | 7,086,525 | | | 185 | 6,115,955 | 1,431 | 1,025,656 | 3,123 | 14,228,136 |
| 18.2 | By payment on compromised claims . | 4 | 1,641 | | | | | | | 4 | |
| 18.3 | Totals paid | 1,511 | 7,088,166 | | | 185 | 6,115,955 | 1,431 | 1,025,656 | 3,127 | 14,229,777 |
| 18.4 | Reduction by compromise | | 1 | 1 | | | | | | | 23,359 |
| 18.5 | Amount rejected | | | | | | | | | | |
| 18.6 | Total settlements | 1,511 | 7,111,525 | | | 185 | 6,115,955 | 1,431 | 1,025,656 | 3,127 | 14,253,136 |
| 19. | Unpaid Dec. 31, current year (Lines | 3,412 | 1,525,768 | | | 14 | 212,000 | 26,838 | 2,625,582 | 30,264 | 4 262 250 |
| | 16 + 17 - 18.6) | 3,412 | 1,525,768 | | | | | ∠0,838 | 2,020,082 | ა∪,∠७4 | 4,363,350 |
| | POLICY EXHIBIT | | | | | No. of | | | | | |
| 20 | | 111 100 | 926 277 720 | - | (2) | Policies 20 | 7 //2 256 122 | . 184,342 | 70 061 414 | 20E 04E | 8 3E8 EUE 30E |
| 20. 21. | In force December 31, prior year Issued during year | . 111,483 | 836,377,739 118,798,287 | | (a) | 1 | | 104,342 | 79,961,414 | . 295,845 | 8,358,595,285 323,833,401 |
| 22. | Other changes to in force (Net) | . (10,910) | (153,055,438) | | | (7) | 1 ' ' | (7,983) | (4,069,821) | . (18,900) | (3,043,562,413) |
| 23. | In force December 31 of current | (10,510) | (100,000,400) | | | (') | (2,000,407,104) | (1,500) | (3,000,021) | (10,000) | . (0,040,002,410) |
| -5. | year | . 106,668 | 802,120,588 | | (a) | 14 | 4,760,854,092 | . 176,359 | 75,891,593 | . 283,041 | 5,638,866,273 |
| (-) ll | udaa Individual Cradit Life Incurance or | | 0 ourront | | Λ | 1 | ,,, | ., | .,, | , | , , , |

ACCIDENT AND HEALTH INSURANCE

| | ACCIDENT | I AND DEALI | INSURANC | · C | | |
|------|--|-----------------|-----------------|-----------------|-------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | | Dividends Paid | | |
| | | | Direct | Or Credited On | Direct | Direct |
| | | Direct Premiums | Premiums Earned | Direct Business | Losses Paid | Losses Incurred |
| 24. | Group Policies (b) | | 2,702,024 | | 2,632,098 | 2,673,178 |
| 24.1 | Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees | | | | | |
| 24.2 | Credit (Group and Individual) | | | | | |
| 24.3 | Collectively Renewable Policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | Other Individual Policies | | | | | |
| 25.1 | Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) | 2,035 | 2,035 | | 3,050 | 3,050 |
| 25.2 | Guaranteed renewable (b) | 69,495 | 68,430 | | | 35,286 |
| 25.3 | Non-renewable for stated reasons only (b) | 930 | 972 | | 5,159 | 5,159 |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | 1 | l | | 1 | 285.207 |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | | 328,703 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 4,330,962 | 3,087,611 | | 2,957,013 | 3,001,881 |

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,711, and number of persons insured under indemnity only products8,081.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

| | | 1 |
|----|---|-----------|
| | | Amount |
| 1. | Reserve as of December 31, Prior Year | (550,671) |
| 2. | Current Year's Realized Pre-Tax capital gains/(losses) of \$246,934 Transferred into the Reserve Net of Taxes | |
| | of \$0. | 246,934 |
| 3. | Adjustment for current year's liability gains/(losses) released from the reserve | |
| 4. | Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) | (303,737) |
| 5. | Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) | 215,296 |
| 6. | Reserve as of December 31, current year (Line 4 minus Line 5) | (519,033) |

AMORTIZATION

| | | 1 | 2 | 3 | 4 |
|-----|-----------------------|---------------|----------------------|------------------|---------------------|
| | | | Current Year's | Adjustment for | |
| | | | Realized Capital | Current Year's | Balance Before |
| | | | Gains/(Losses) | Liability | Reduction |
| | | Reserve as of | Transferred into the | Gains/(Losses) | for Current Year's |
| | | December 31, | Reserve Net of | Released | Amortization |
| | Year of Amortization | Prior Year | Taxes | From the Reserve | (Columns 1 + 2 + 3) |
| 1. | 2008 | 196,938 | 18,358 | | 215,296 |
| 2. | 2009 | 18,664 | 53,839 | | 72,503 |
| 3. | 2010 | (13,608) | 39,158 | | 25,550 |
| 4. | 2011 | (17,138) | 28,076 | | 10,938 |
| 5. | 2012 | (46,415) | 28,100 | | (18,315) |
| 6. | 2013 | (205,544) | (9,632) | | (215,176) |
| 7. | 2014 | (67,394) | 18,805 | | (48,589) |
| 8. | 2015 | (82,203) | 34,277 | | (47,926) |
| 9. | 2016 | (94,449) | 34,545 | | (59,904) |
| 10. | 2017 | (131,195) | 23,375 | | (107,820) |
| 11. | 2018 | (116,481) | 6,975 | | (109,506) |
| 12. | 2019 | (99,336) | 4,126 | | (95,210) |
| 13. | 2020 | (89,084) | (597) | | (89,681) |
| 14. | 2021 | (48,699) | (2,037) | | (50,736) |
| 15. | 2022 | 35,536 | (3,019) | | 32,517 |
| 16. | 2023 | 60,895 | (6,091) | | 54,804 |
| 17. | 2024 | 67,345 | (8,363) | | 58,982 |
| 18. | 2025 | 66,307 | (10,687) | | 55,620 |
| 19. | 2026 | 50,786 | (13,283) | | 37,503 |
| 20. | 2027 | 2,869 | (16,029) | | (13,160) |
| 21. | 2028 | (6,070) | (2,945) | | (9,015) |
| 22. | 2029 | (8,016) | 3,316 | | (4,700) |
| 23. | 2030 | (7,388) | 2,642 | | (4,746) |
| 24. | 2031 | (7,030) | 2,773 | | (4,257) |
| 25. | 2032 | (6,646) | 2,910 | | (3,736) |
| 26. | 2033 | (2,845) | 3,055 | | 210 |
| 27. | 2034 | (195) | 3,206 | | 3,011 |
| 28. | 2035 | (57) | 3,365 | | 3,308 |
| 29. | 2036 | (50) | 3,532 | | 3,482 |
| 30. | 2037 | (169) | 3,707 | | 3,538 |
| 31. | 2038 and later | | 1,479 | | 1,479 |
| 32. | TOTAL (Lines 1 to 31) | (550,672) | 246,936 | | (303,736) |

ASSET VALUATION RESERVE

| | | | Default Component | | | Equity Component | | 7 |
|-----|--|------------|-------------------|-----------------|----------|-------------------------|-----------------|-----------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | Other than | | | | Real Estate | | |
| | | Mortgage | Mortgage | Total | Common | and Other | Total | Total Amount |
| | | Loans | Loans | (Columns 1 + 2) | Stock | Invested Assets | (Columns 4 + 5) | (Columns 3 + 6) |
| 1. | Reserve as of December 31, prior year | | 299,684 | 619,082 | 113,090 | 14,228 | 127,318 | 746,400 |
| 2. | Realized Capital Gains/(Losses) Net of Taxes - General Account | | | | | | | (421,499) |
| 3. | Realized Capital Gains/(Losses) Net of Taxes - Separate Accounts | | | | | | | |
| 4. | Unrealized Capital Gains/(Losses) Net of Deferred Taxes - General Account | | | | 66,032 | | 66,032 | 66,032 |
| 5. | Unrealized Capital Gains/(Losses) Net of Deferred Taxes - Separate Accounts | | | | | | | |
| 6. | Capital gains credited/(losses charged) to contract benefits, payments or reserves | | | | | | | |
| 7. | Basic Contribution | 83,211 | 89,235 | 172,446 | | | | 172,446 |
| 8. | Accumulated Balances (Lines 1 through 5, minus 6 plus 7) | 7,360 | 388,919 | 396,279 | 152,872 | 14,228 | 167,100 | 563,379 |
| 9. | Maximum Reserve | 615,322 | 273,714 | 889,036 | 132,319 | | 132,319 | 1,021,355 |
| 10. | Reserve Objective | 479,744 | 176,275 | 656,019 | 132,319 | | 132,319 | 788,338 |
| 11. | 20% of (Line 10 - Line 8) | | | 51,948 | (4,111) | (2,846) | | |
| 12. | Balance Before Transfers (Lines 8 + 11) | 101,837 | 346,390 | 448,227 | 148,761 | 11,382 | 160,144 | 608,371 |
| 13. | Transfers | 100,500 | (72,676) | 27,824 | (16,442) | (11,382) | (27,824) | X X X |
| 14. | Voluntary Contribution | | | | | | | |
| 15. | Adjustment down to Maximum/up to Zero | | | | | | | |
| 16. | Reserve as of December 31, Current Year (Lines 12 + 13 + 14 + 15) | 202,337 | 273,714 | 476,051 | 132,319 | 0 | 132,320 | 608,371 |

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

| | | | 1 | 2 | 3 | 4 | Rasic Co | ontribution | Reserve | e Objective | Maximum Reserve | | |
|--------|--------|--|---------------|---------------|--------------|-----------------------|----------|-----------------|---------|------------------|-----------------|-------------------|--|
| | | | ' | _ | 3 | Balance for | 5 | 6 | 7 | 8 | 9 | 10 | |
| | NAIC | | Book/Adjusted | Reclassify | Add | AVR Reserve | | | ' | | | | |
| Line | Desig- | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount | |
| Number | nation | Description | Value | Encumbrances | Encumbrances | (Columns 1 + 2 + 3) | Factor | (Columns 4 x 5) | Factor | (Columns 4 x 7) | Factor | (Columns 4 x 9) | |
| ramoor | nauon | LONG-TERM BONDS | 7 4140 | Endambranood | Liteambranee | (Coldinino 1 × 2 × 0) | 1 40(0) | (Columno 1 x o) | 1 40001 | (Gorannie 1 X I) | 1 40101 | (Coldinilo 1 x o) | |
| 1. | | Exempt Obligations | 30,797,289 | x x x | x x x | 30,797,289 | 0.0000 | | 0.0000 | | 0.0000 | | |
| 2. | 1 | Highest Quality | 42,411,693 | | X X X | 42,411,693 | 0.0004 | 16,965 | | 97,547 | 0.0030 | | |
| 3. | 2 | High Quality | 27,926,173 | | x x x | 27,926,173 | 0.0019 | 53,060 | 0.0058 | 161,972 | | 251,336 | |
| 4. | 3 | Medium Quality | | X X X | x x x | 940,057 | 0.0093 | 8,743 | | 21,621 | 0.0340 | | |
| 5. | 4 | Low Quality | | X X X | X X X | | 0.0213 | | 0.0530 | | 0.0750 | | |
| 6. | 5 | Lower Quality | 101,973 | X X X | X X X | 101,973 | 0.0432 | 4,405 | 0.1100 | 11,217 | 0.1700 | 17,335 | |
| 7. | 6 | In or Near Default | 935,820 | X X X | x x x | 935,820 | 0.0000 | | 0.2000 | 187,164 | 0.2000 | 187,164 | |
| 8. | | TOTAL Unrated Multi-class Securities Acquired by | | | | | | | | | | | |
| | | Conversion | | X X X | X X X | | X X X | | X X X | | X X X | | |
| 9. | | TOTAL Bonds (sum of Lines 1 through 8) (Page 2, Line | | | | | | | | | | | |
| | | 1, Net Admitted Asset) | 103,113,005 | X X X | X X X | 103,113,005 | X X X | 83,172 | X X X | 479,521 | X X X | 615,032 | |
| | | PREFERRED STOCKS | | | | | | | | | | | |
| 10. | 1 | Highest Quality | | | X X X | | 0.0004 | | 0.0023 | | 0.0030 | | |
| 11. | 2 | High Quality | | X X X | X X X | | 0.0019 | | 0.0058 | | 0.0090 | | |
| 12. | 3 | Medium Quality | | X X X | X X X | | 0.0093 | | 0.0230 | | 0.0340 | | |
| 13. | 4 | Low Quality | | X X X | X X X | | 0.0213 | | 0.0530 | | 0.0750 | | |
| 14. | 5 | Lower Quality | | X X X | X X X | | 0.0432 | | 0.1100 | | 0.1700 | | |
| 15. | 6 | In or Near Default | | | X X X | | 0.0000 | | 0.2000 | | 0.2000 | | |
| 16. | | Affiliated Life with AVR | | X X X | X X X | | 0.0000 | | 0.0000 | | 0.0000 | | |
| 17. | | TOTAL Preferred Stocks (sum of Lines 10 through 16) | | | | | | | | | | | |
| | | (Page 2, Line 2.1, Net Admitted Asset) | | X X X | X X X | | X X X | | X X X | | X X X | | |
| | | SHORT-TERM BONDS | | | | | | | | | | | |
| 18. | | Exempt Obligations | | | X X X | 8,219,221 | 0.0000 | | 0.0000 | | 0.0000 | | |
| 19. | 1 | Highest Quality | | | X X X | 96,858 | 0.0004 | 39 | | 223 | | 291 | |
| 20. | 2 | High Quality | | X X X | X X X | | 0.0019 | | 0.0058 | | 0.0090 | | |
| 21. | 3 | Medium Quality | | | X X X | | 0.0093 | | 0.0230 | | 0.0340 | | |
| 22. | 4 | Low Quality | | | X X X | | 0.0213 | | 0.0530 | | 0.0750 | | |
| 23. | 5 | Lower Quality | | | X X X | | 0.0432 | | 0.1100 | | 0.1700 | | |
| 24. | 6 | In or Near Default | | | X X X | | 0.0000 | | 0.2000 | | 0.2000 | | |
| 25. | | TOTAL Short-term Bonds (sum of Lines 18 through 24) | 8,316,079 | X X X | X X X | 8,316,079 | X X X | 39 | X X X | 223 | X X X | 291 | |

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

| | | | 1 | 2 | 3 4 | | Basic C | Contribution | oution Reserve Objective | | | Maximum Reserve | |
|--------|--------|---|---------------|---------------|--------------|----------------------|------------|-----------------|--------------------------|-----------------|------------|-----------------|--|
| | NAIC | | Book/Adjusted | Reclassify | Add | Balance for AVR | 5 | 6 | 7 | 8 | 9 | 10 | |
| Line | Desig- | | Carrying | Related Party | Third Party | Reserve Calculations | | Amount | | Amount | | Amount | |
| Number | nation | Description | Value | Encumbrances | Encumbrances | (Columns 1 + 2 + 3) | Factor | (Columns 4 x 5) | Factor | (Columns 4 x 7) | Factor | (Columns 4 x 9) | |
| | | DERIVATIVE INSTRUMENTS | | | | , | | | | | | | |
| 26. | | Exchange Traded | | X X X | X X X | | 0.0004 | | 0.0023 | | 0.0030 | | |
| 27. | 1 | Highest Quality | | | X X X | | 0.0004 | | 0.0023 | | 0.0030 | | |
| 28. | 2 | High Quality | | X X X | X X X | | 0.0019 | | 0.0058 | | 0.0090 | | |
| 29. | 3 | Medium Quality | | | X X X | | 0.0093 | | 0.0230 | | 0.0340 | | |
| 30. | 4 | Low Quality | | | X X X | | 0.0213 | | 0.0530 | | 0.0750 | | |
| 31. | 5 | Lower Quality | | | X X X | | 0.0432 | | 0.1100 | | 0.1700 | | |
| 32. | 6 | In or Near Default | | X X X | X X X | | 0.0000 | | 0.2000 | | 0.2000 | | |
| 33. | | TOTAL Derivative Instruments | | | X X X | | X X X | | X X X | | X X X | | |
| 34. | | TOTAL (Lines 9 + 17 + 25 + 33) | | | X X X | 111,429,084 | X X X | 83,211 | X X X | 479,744 | X X X | 615,323 | |
| | | MORTGAGE LOANS | | | | | | | | | | | |
| | | In Good Standing: | | | | | | | | | | | |
| 35. | | Farm Mortgages | | | X X X | | 0.0063 (a) | | 0.0120 (a) | | 0.0190 (a) | | |
| 36. | | Residential Mortgages - Insured or Guaranteed | | | | 171,559 | 0.0003 | 51 | 0.0006 | 103 | 0.0010 | 172 | |
| 37. | | Residential Mortgages - All Other | | | | | 0.0013 | 1,477 | 0.0030 | 3,409 | 0.0040 | 4,545 | |
| 38. | | Commercial Mortgages - Insured or Guaranteed | | | X X X | | 0.0003 | | 0.0006 | | 0.0010 | | |
| 39. | | Commercial Mortgages - All Other | | | | 10,678,067 | 0.0063 (a) | 67,272 | 0.0120 (a) | 128,137 | 0.0190 (a) | 202,883 | |
| 40. | | In Good Standing With Restructured Terms | | | X X X | | 0.2800 (b) | | 0.6200 (b) | | 1.0000 (b) | | |
| | | Overdue, Not in Process: | | | | | | | | | | | |
| 41. | | Farm Mortgages | | | | | 0.0420 | | 0.0760 | | 0.1200 | | |
| 42. | | Residential Mortgages - Insured or Guaranteed | 27,925 | | X X X | 27,925 | | 14 | 0.0012 | 34 | 0.0020 | 56 | |
| 43. | | Residential Mortgages - All Other | 125,111 | | X X X | 125,111 | 0.0025 | 313 | 0.0058 | 726 | 0.0090 | 1,126 | |
| 44. | | Commercial Mortgages - Insured or Guaranteed | | | X X X | | 0.0005 | | 0.0012 | | 0.0020 | | |
| 45. | | Commercial Mortgages - All Other | 478,748 | | X X X | 478,748 | 0.0420 | 20,107 | 0.0760 | 36,385 | 0.1200 | 57,450 | |
| | | In Process of Foreclosure: | | | | | | | | | | | |
| 46. | | Farm Mortgages | | | X X X | | 0.0000 | | 0.1700 | | 0.1700 | | |
| 47. | | Residential Mortgages - Insured or Guaranteed | | | | | 0.0000 | | 0.0040 | | 0.0040 | | |
| 48. | | Residential Mortgages - All Other | | | X X X | | 0.0000 | | 0.0130 | | 0.0130 | | |
| 49. | | Commercial Mortgages - Insured or Guaranteed | | | X X X | | 0.0000 | | 0.0040 | | 0.0040 | | |
| 50. | | Commercial Mortgages - All Other | | | | 44,016 | | | 0.1700 | 7,483 | 0.1700 | 7,483 | |
| 51. | | | 12,661,731 | | X X X | 12,661,731 | X X X | 89,235 | X X X | 176,275 | X X X | 273,714 | |
| | | (Page 2, Line 3, Net Admitted Asset) | | | | | | | | | | | |
| 52. | | Schedule DA Mortgages | | | X X X | | | | | | | | |
| 53. | | TOTAL Mortgage Loans on Real Estate (Lines 51 + 52) | 12,661,731 | | X X X | 12,661,731 | X X X | 89,235 | X X X | 176,275 | X X X | 273,714 | |

⁽a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

| | | | 1 | 2 | 3 | 4 | Basic Co | ontribution | Reserve | Objective | Maximun | n Reserve |
|--------|--------|--|---------------|---|---|---|----------|-----------------|--------------|-----------------|---------------------------------------|---|
| | | | | | | Balance for | 5 | 6 | 7 | 8 | 9 | 10 |
| | NAIC | | Book/Adjusted | Reclassify | Add | AVR Reserve | | | | | | |
| Line | Desig- | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount |
| Number | nation | Description | Value | Encumbrances | Encumbrances | (Columns 1 + 2 + 3) | Factor | (Columns 4 x 5) | Factor | (Columns 4 x 7) | Factor | (Columns 4 x 9) |
| | | COMMON STOCK | | | | | | , | | | | / |
| 1. | | Unaffiliated Public | 989.157 | X X X | x x x | 989,157 | 0.0000 | | 0.1300 . (d) | 128,590 | 0.1300 . (d) | 128,590 |
| 2. | | Unaffiliated Private | | X X X | x x x | | 0.0000 | | 0.1600 | | 0.1600 | |
| 3. | | Federal Home Loan Bank | | | x x x | | | | 0.0050 | | 0.0080 | |
| 4. | | Affiliated Life with AVR | | | | | 0.0000 | | 0.0000 | | 0.0000 | |
| | | Affiliated Investment Subsidiary: | | | | | | | | | | |
| 5. | | Fixed Income Exempt Obligations | | | | | X X X | | X X X | | X X X | |
| 6. | | Fixed Income Highest Quality | | | | | X X X | | X X X | | X X X | |
| 7. | | Fixed Income High Quality | | | | | X X X | | X X X | | X X X | |
| 8. | | Fixed Income Medium Quality | | | | | X X X | | | | X X X | |
| 9. | | Fixed Income Low Quality | | | | | X X X | | X X X | | X X X | |
| 10. | | Fixed Income Lower Quality | | | | | X X X | | X X X | | X X X | |
| 11. | | Fixed Income In/Near Default | | | | | X X X | | | | X X X | |
| 12. | | Unaffiliated Common Stock Public | | | | | 0.0000 | | | | 0.1300 . (d) | |
| 13. | | Unaffiliated Common Stock Private | | | | | 0.0000 | | 0.1600 | | 0.1600 | |
| 14. | | Mortgage Loans | | | | | (c) | | (c) | | (c) | |
| 15. | | Real Estate | | | | | ` ' | | ` ' | | () | |
| 16. | | Affiliated-Certain Other (See SVO Purposes and | | | | | (-) | | (-) | | (-) | |
| | | Procedures Manual) | 28.685 | x x x | x x x | 28,685 | 0.0000 | | 0.1300 | 3,729 | 0.1300 | 3,729 |
| 17. | | Affiliated-All Other | | | x x x | | 0.0000 | | 0.1600 | | 0.1600 | |
| 18. | | TOTAL Common Stock (sum of Lines 1 through 17) | | | | | | | | | | |
| | | (Page 2, Line 2.2, Net Admitted Asset) | 1.017.842 | | | 1,017,842 | X X X | | X X X | 132,319 | x x x | 132,319 |
| | | REAL ESTATE | , , , , , | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | , , , , , | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 19. | | Home Office Property (General Account Only) | | | | | 0.0000 | | 0.0750 | | 0.0750 | |
| 20. | | Investment Properties | | | | | 0.0000 | | 0.0750 | | 0.0750 | |
| 21. | | | | | | | 0.0000 | | 0.1100 | | 0.1100 | |
| 22. | | TOTAL Real Estate (sum of Lines 19 through 21) | | | | | X X X | | X X X | | X X X | |
| | | OTHER INVESTED ASSETS | | | | | | | | | | |
| | | INVESTMENTS WITH THE UNDERLYING | | | | | | | | | | |
| | | CHARACTERISTICS OF BONDS | | | | | | | | | | |
| 23. | | Exempt Obligations | | XXX | x x x | | 0.0000 | | 0.0000 | | 0.0000 | |
| 24. | 1 | Highest Quality | | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 25. | 2 | High Quality | | | XXX | | 0.0019 | | 0.0058 | | 0.0090 | |
| 26. | 3 | Medium Quality | | | XXX | | 0.0093 | | 0.0230 | | 0.0340 | |
| 27. | 4 | Low Quality | | | XXX | | 0.0030 | | 0.0530 | | 0.0750 | |
| 28. | 5 | Lower Quality | | | XXX | | 0.0432 | | 0.1100 | | 0.1700 | |
| 29. | 6 | In or Near Default | | | XXX | | 0.0432 | | 0.2000 | | 0.2000 | |
| 30. | | TOTAL with Bond characteristics (sum of Lines 23 | | //// | ٨٨٨ | | | | 0.2000 | | 0.2000 | |
| 00. | | through 29) | | XXX | XXX | | XXX | | XXX | | x x x | |
| 1 | 1 | UII OUGH &U | | 1 · · · · · · · · · · · · · · · · · · · | 1 · · · · · · · · · · · · · · · · · · · | 1 | A A A | 1 | AAA | 1 | · · · · · · · · · · · · · · · · · · · | 1 |

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

| | | | 1 | 2 | 3 | IED ASSET CO | Basic Co | ntribution | Reserve | Objective | Maximun | n Reserve |
|--------|--------|--|---------------|---------------|--------------|---------------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|
| | | | | | | Balance for | 5 | 6 | 7 | 8 | 9 | 10 |
| | NAIC | | Book/Adjusted | Reclassify | Add | AVR Reserve | | | | | | |
| Line | Desig- | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount |
| Number | nation | Description | Value | Encumbrances | Encumbrances | (Columns 1 + 2 + 3) | Factor | (Columns 4 x 5) | Factor | (Columns 4 x 7) | Factor | (Columns 4 x 9) |
| | | INVESTMENTS WITH THE UNDERLYING | | | | | | | | | | |
| | | CHARACTERISTICS OF PREFERRED STOCKS | | | | | | | | | | |
| 31. | 1 | Highest Quality | | X X X | X X X | | 0.0004 | | 0.0023 | | 0.0030 | |
| 32. | 2 | High Quality | | X X X | X X X | | 0.0019 | | 0.0058 | | 0.0090 | |
| 33. | 3 | Medium Quality | | | X X X | | 0.0093 | | 0.0230 | | 0.0340 | |
| 34. | 4 | Low Quality | | X X X | X X X | | 0.0213 | | 0.0530 | | 0.0750 | |
| 35. | 5 | Lower Quality | | | X X X | | 0.0432 | | 0.1100 | | 0.1700 | |
| 36. | 6 | In or Near Default | | X X X | X X X | | 0.0000 | | 0.2000 | | 0.2000 | |
| 37. | | Affiliated Life with AVR | | X X X | X X X | | 0.0000 | | 0.0000 | | 0.0000 | |
| 38. | | Total with Preferred Stock characteristics (sum of Lines | | | | | | | | | | |
| | | 31 through 37) | | X X X | X X X | | X X X | | X X X | | X X X | |
| 39. | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS In Good Standing: Farm Mortgages | | | X X X | | 0.0063 . (a) | | 0.0120 . (a) | | 0.0190 . (a) | |
| 40. | | Residential Mortgages - Insured or Guaranteed | | | | | 0.0003 | | 0.0006 | | 0.0010 | |
| 41. | | Residential Mortgages - All Other | | | | | | | 0.0030 | | 0.0040 | |
| 42. | | Commercial Mortgages - Insured or Guaranteed | | | | | 0.0003 | | 0.0006 | | 0.0010 | |
| 43. | | Commercial Mortgages - All Other | | | | | 0.0063 . (a) | | 0.0120 . (a) | | 0.0190 . (a) | |
| 44. | | In Good Standing With Restructured Terms | | | X X X | | 0.2800 . (b) | | 0.6200 . (b) | | 1.0000 . (b) | |
| | | Overdue, Not in Process: | | | | | , , | | , , | | , , | |
| 45. | | Farm Mortgages | | | X X X | | 0.0420 | | 0.0760 | | 0.1200 | |
| 46. | | Residential Mortgages - Insured or Guaranteed | | | X X X | | 0.0005 | | 0.0012 | | 0.0020 | |
| 47. | | Residential Mortgages - All Other | | | | | 0.0025 | | 0.0058 | | 0.0090 | |
| 48. | | Commercial Mortgages - Insured or Guaranteed | | | X X X | | 0.0005 | | 0.0012 | | 0.0020 | |
| 49. | | Commercial Mortgages - All Other | | | X X X | | 0.0420 | | 0.0760 | | 0.1200 | |
| | | In Process of Foreclosure: | | | | | | | | | | |
| 50. | | Farm Mortgages | | | X X X | | 0.0000 | | 0.1700 | | 0.1700 | |
| 51. | | Residential Mortgages - Insured or Guaranteed | | | X X X | | 0.0000 | | 0.0040 | | 0.0040 | |
| 52. | | Residential Mortgages - All Other | | | X X X | | 0.0000 | | 0.0130 | | 0.0130 | |
| 53. | | Commercial Mortgages - Insured or Guaranteed | | | X X X | | 0.0000 | | 0.0040 | | 0.0040 | |
| 54. | | Commercial Mortgages - All Other | | | X X X | | 0.0000 | | 0.1700 | | 0.1700 | |
| 55. | | Total with Mortgage Loan characteristics (sum of Lines 39 through 54) | | | | | X X X | | X X X | | X X X | |

ASSET VALUATION RESERVE (Continued)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

| FOUITY AND | OTHER INVESTED | ASSET | COMPONENT |
|------------|----------------|--------------|-------------|
| | | AUULI | COMI CITEIT |

| | | | 1 | 2 | 3 | 4 | | ntribution | Reserve | Objective | Maximum | n Reserve |
|------------|--------|--|---------------|---------------|--------------|---------------------|--------|-----------------|------------|-----------------|--------------|-----------------|
| | | | | | | Balance for | 5 | 6 | 7 | 8 | 9 | 10 |
| | NAIC | | Book/Adjusted | Reclassify | Add | AVR Reserve | | | | | | |
| Line | Desig- | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount |
| Number | nation | Description | Value | Encumbrances | Encumbrances | (Columns 1 + 2 + 3) | Factor | (Columns 4 x 5) | Factor | (Columns 4 x 7) | Factor | (Columns 4 x 9) |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK | | | | | | | | | | |
| 56. | | Unaffiliated Public | | YYY | YYY | | 0.0000 | | 0.1300 (4) | | 0.1300 (4) | |
| 50. 57. | | Unaffiliated Private | | | X X X | | | | | | 0.1600 . (u) | |
| 57. 58. | | Affiliated Life with AVR | | | | | | | | | | |
| 56. 59. | | Affiliated Certain Other (See SVO Purposes and | | ^ ^ ^ | ^ ^ ^ | | 0.0000 | | | | | |
| 55. | | Procedures Manual) | | YYY | YYY | | 0.0000 | | 0.1300 | | 0.1300 | |
| 60. | | Affiliated Other - All Other | | | | | 0.0000 | | | | 0.1600 | |
| 61. | | TOTAL with Common Stock characteristics (sum of | | XXX | XXX | | 0.0000 | | 0.1000 | | 0.1000 | |
| 01. | | Lines 56 through 60) | | XXX | XXX | | XXX | | XXX | | X X X | |
| | | INVESTMENTS WITH THE UNDERLYING | | XXX | XXX | | XXX | | XXX | | XXX | |
| | | CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | |
| 62. | | Home Office Property (General Account Only) | | | | | 0.0000 | | 0.0750 | | 0.0750 | |
| 63. | | Investment Properties | | | | | | | 0.0750 | | 0.0750 | |
| 64. | | Properties Acquired in Satisfaction of Debt | | | | | | | 0.1100 | | 0.1100 | |
| 65. | | TOTAL with Pool Estate characteristics (Lines 62 | | | | | | | | | | |
| | | through 64) | | | | | X X X | | X X X | | X X X | |
| | | LOW INCOME HOUSING TAX CREDIT INVESTMENTS | | | | | | | | | | |
| 66. | | Guaranteed Federal Low Income Housing Tax Credit | | | | | 0.0003 | | 0.0006 | | 0.0010 | |
| 67. | | Non-guaranteed Federal Low Income Housing Tax Credit | | | | | 0.0063 | | 0.0120 | | 0.0190 | |
| 68. | | State Low Income Housing Tax Credit | | | | | 0.0273 | | 0.0600 | | 0.0975 | |
| 69. | | All Other Low Income Housing Tax Credit | | | | | 0.0273 | | 0.0600 | | 0.0975 | |
| 70. | | Total LIHTC | | | | | X X X | | X X X | | X X X | |
| | | ALL OTHER INVESTMENTS | | | | | | | | | | |
| 71. | | Other Invested Assets - Schedule BA | | | | | 0.0000 | | 0.1300 | | 0.1300 | |
| 72. | | Other Short-Term Invested Assets - Schedule DA | | | | | 0.0000 | | 0.1300 | | 0.1300 | |
| 73. | | Total All Other (sum of Lines 71 + 72) | | X X X | | | X X X | | X X X | | X X X | |
| 74. | | Total Other Invested Assets - Schedules BA & DA (sum | | | | | | | | | | |
| | | of Lines 30, 38, 55, 61, 65, 70 and 73) | | | | | X X X | | X X X | | X X X | |

⁽a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(e) Determined using same factors and breakdowns used for directly owned real estate.

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTIONS, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

| REPLICATIONS | (SYNTHETIC) ASSETS |
|---------------|--------------------|
| INEFEIGRIBUIO | IOTATILITO AGGLIG |

| | | | | (3111111111111)71100110 | | | | |
|---------------|------|-------|-------------------------|---------------------------|----------|--------------|-----------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | | | NAIC Designation | | AVR | AVR | AVR |
| RSAT | | | | NAIC Designation or Other | Value of | Basic | Reserve | Maximum |
| Number | Type | CUSIP | Description of Asset(s) | Description of Asset | Asset | Contribution | Objective | Reserve |
| | | | N | ONE | | | | |
| 0599999 Total | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

| y cui, ui | ila ali cialilis ici | acatiii | usses a | iid dii Otiici | COILLIAGE CIE | | a becember of or current year |
|-------------------------|-------------------------|--------------|------------|----------------|---------------|--------------|-------------------------------|
| 1 | 1 2 3 4 | | | 5 | 6 | 7 | 8 |
| | | State of | Year of | | Amount | Amount | |
| | | Residence | Claim for | | Paid | Resisted | Why |
| Contract | Claim | of | Death or | Amount | During the | Dec. 31 of | Compromised |
| Numbers | Numbers | Claimant | Disability | Claimed | Year | Current Year | or Resisted |
| 2699999 Subtotals - Cla | aims Disposed of During | Current Year | | | | | XXX |
| 5399999 Totals | | | | | | | XXX |

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | OUTEDOLL II - ACCIDENT AND ILLAETT EXTIDIT | | | | | | | | | | | | | | | | | | |
|------|--|-----------|----------|------------|----------|-----------------|------|------------|--------|----------------|----------|-----------|-------|---------------------|-----|-------------|------|-----------|----------|
| | | | | Group | | Credit Accid | | | | | | | | Other Individual | | | | | |
| | | | | Accident a | ınd | & Health (G | roup | Collective | ely | | | Guarantee | ed | Non-Renewal | | Other Accid | dent | | |
| | | Total | | Health | | and Individual) | | Renewable | | Non-Cancelable | | Renewable | | Stated Reasons Only | | | | All Othe | :r |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % |
| | | | | PA | RT 1 | - ANALYSI | S OF | UNDERWR | RITING | OPERATI | ONS | | | | | | | | |
| 1. | Premiums written | 1,693,115 | XXX | 1,308,503 | XXX | | XXX | | XXX | | XXX | 68,527 | XXX | | XXX | | XXX | 313,093 | XXX |
| 2. | Premiums earned | 1,676,424 | XXX | 1,288,788 | XXX | | XXX | | XXX | 3,057 | XXX | 68,497 | X X X | | XXX | | XXX | 316,082 | XXX |
| 3. | Incurred claims | 588,424 | 35.1 | 330,567 | 25.6 | | | | | 6,496 | . 212.5 | 20,547 | 30.0 | | | | | 230,814 | 73.0 |
| 4. | Cost containment expenses | (1,062) | (0.1) | (1,062) | (0.1) | | | | | | | | | | | | | | |
| 5. | Incurred claims and cost containment expenses | | | | | | | | | | | | | | | | | | |
| | (Lines 3 and 4) | 587,362 | 35.0 | 329,505 | 25.6 | | | | | 6,496 | . 212.5 | 20,547 | 30.0 | | | | | 230,814 | 73.0 |
| 6. | Increase in contract reserves | (7,399) | (0.4) | | | | | | | (1,216) | . (39.8) | (6,183) | (9.0) | | | | | | |
| 7. | Commissions (a) | (405,496) | . (24.2) | (411,075) | . (31.9) | | | | | 52 | 1.7 | 2,307 | 3.4 | | | | | 3,220 | 1.0 |
| 8. | Other general insurance expenses | 1,859,326 | . 110.9 | | | | | | | 1,798 | 58.8 | 33,315 | 48.6 | | | | | 283,367 | 89.6 |
| 9. | Taxes, licenses and fees | | | 44,223 | 3.4 | | | | | 178 | | | 6.0 | | | | | 26,130 | 8.3 |
| 10. | Total other expenses incurred | 1,528,496 | 91.2 | 1,173,994 | 91.1 | | | | | 2,028 | 66.3 | 39,757 | 58.0 | | | | | 312,717 | 98.9 |
| 11. | Aggregate write-ins for deductions | 90,304 | 5.4 | 89,458 | 6.9 | | | | | | | 141 | 0.2 | | | | | 702 | 0.2 |
| 12. | Gain from underwriting before dividends or refunds | (522,339) | . (31.2) | | | | | | | (4,254) | (139.2) | | 20.8 | | | | | (228,151) | . (72.2) |
| 13. | Dividends or refunds | | | 1 | | | | | | 1 ' ' | | | | | | | | | l |
| _14. | Gain from underwriting after dividends or refunds | | . (31.2) | (304,169) | . (23.6) | | | | | (4,254) | (139.2) | 14,235 | 20.8 | | | | | (228,151) | . (72.2) |
| | AILS OF WRITE-INS | | | , | | • | | | | | , | , | | • | | • | | | |
| 1101 | . CASH OVER & SHORT | 144 | 0.0 | 77 | 0.0 | | | | | (1) | 0.0 | 11 | 0.0 | | | | | 57 | 0.0 |
| 1102 | . GAINS ON SALE | | | | | | | | | | | | | | | | | | |
| 1103 | 8. MISC INCOME ADMINISTRATIVE SERVICE | | | | | | | | | | | | | | | | | | |
| | CHARGE | 6,366 | 0.4 | 6,355 | 0.5 | | | | | | | | 0.0 | | | | | 9 | 0.0 |
| 1198 | | | | | | | | | | | | | | | | | | | |
| | overflow page | 83,794 | 5.0 | 83,026 | 6.4 | | | | | 4 | 0.1 | 128 | 0.2 | | | | | 636 | 0.2 |
| 1199 | . • | | | | | | | | | | | | | | | | | | |
| | 11 above) | 90,304 | 5.4 | 89,458 | 6.9 | | | | | | 0.1 | 141 | 0.2 | | | | | 702 | 0.2 |
| | , | , | | | | | | | | | | | | | | | | | |

⁽a) Includes \$.....0 reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

| OUTILDULL II | 7100101 | | | | i (Oontiin | | | | |
|--|--------------------|---------------------------------------|-----------------|--------------|----------------|------------|-----------------------|----------------|-----------|
| | 1 | 2 | 3 | 4 | | | her Individual Contra | | |
| | | _ | Credit Accident | | 5 | 6 | 7 | 8 | 9 |
| | | Group | and Health | | | | Non-Renewable | | |
| | | Accident and | (Group and | Collectively | | Guaranteed | for Stated | Other Accident | |
| | Total | Health | Individual) | Renewable | Non-Cancelable | Renewable | Reasons Only | Only | All Other |
| | PART 2 | - RESERVES | S AND LIAB | LITIES | | | | • | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums | 17,547 | | | | | 3.604 | | | 13.76 |
| 2. Advance premiums | | | | | | 1.164 | | | 10.3 |
| 3. Reserve for rate credits | · · | | | | | | | | |
| Total premium reserves, current year | 1 | | | | 310 | | | | 24,0 |
| 5. Total premium reserves, prior year | | | | | 375 | | | | 27,0 |
| Increase in total premium reserves | 1 | 19.715 | | | (65) | 30 | | | (2.98 |
| B. Contract Reserves: | | | | | (03) | | | | (2,30 |
| | 85,939 | | | | 9,763 | 76,176 | | | |
| Additional reserves (a) Reserve for future contingent benefits | | | | | 9,763 | | | | |
| · | | | | | 0.700 | 70.470 | | | |
| 3. Total contract reserves, current year | 1 | | | | 9,763 | -, - | | | |
| 4. Total contract reserves, prior year | | | | | 10,979 | 82,359 | | | |
| 5. Increase in contract reserves | (7,399) | | | | (1,216) | (6,183) | | | |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year | 1 | | | | 1,725 | | | | 112,9 |
| 2. Total prior year | | | | | 3,438 | | | | 162,5 |
| 3. Increase | (718,057) | (650,934) | | | (1,713) | (15,818) | | | (49,59 |
| PART 3 - TE | EST OF PRIO | R YEAR'S C | LAIM RESE | RVES AND L | IABILITIES | | | | |
| Claim Paid During the Year: | | | | | | | | | |
| 1.1 On claims incurred prior to current year | 855,565 | 732,317 | | | 4,852 | 19,473 | | | 98,9 |
| 1.2 On claims incurred during current year | 450,916 | 249,184 | | | 3,357 | 16,892 | | | 181,4 |
| 2. Claim Reserves and Liabilities, December 31, Current Year: | | · | | | | | | | |
| 2.1 On claims incurred prior to current year | 76,522 | 42,000 | | | 1.725 | 15,890 | | | 16.9 |
| 2.2 On claims incurred during current year | | | | | | 9.935 | | | 96.0 |
| 3. Test: | , | | | | | | | | |
| 3.1 Lines 1.1 and 2.1 | 932,087 | 774,317 | | | 6,577 | 35,363 | | | 115,8 |
| 3.2 Claim reserves and liabilities, December 31, prior year | | · · | | | 3.438 | | | | 162.5 |
| 3.3 Line 3.1 minus Line 3.2 | | | | | 3.139 | , | | | (46.70 |
| 0.0 Line 0.1 minus Line 0.2 | , | . , | | | | (0,200) | | | |
| A. Deingurance Accument | <u> </u> | PART 4 - REI | NOUKANCE | | | | ı | 1 | |
| A. Reinsurance Assumed: | 000 070 | 005 457 | | | | | | | |
| 1. Premiums written | 686,279 | , . | | | | | | | 8 |
| 2. Premiums earned | | · · · · · · · · · · · · · · · · · · · | | | | | | | 8 |
| 3. Incurred claims | 1 | | | | | | | | |
| 4. Commissions | 147,222 | 147,222 | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written | 2,355,421 | 2,355,421 | | | | | | | |
| 2. Premiums earned | 2,355,421 | 2,355,421 | | | | | | | |
| 3. Incurred claims | | | | | | | | | |
| 4. Commissions | 639,337 | 639,337 | | | | | | | |

⁽a) Includes \$.....0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

| | | 1 | 2 | 3 | 4 |
|----|---|-------------|-----------|----------|-----------|
| | | Medical | Dental | Other | Total |
| A. | Direct: | | | | |
| | 1. Incurred Claims | 1,430,685 | 67,342 | 4,695 | 1,502,722 |
| | 2. Beginning Claim Reserves and Liabilities | 2,127,402 | 1,133,121 | 95,404 | 3,355,927 |
| | 3. Ending Claim Reserves and Liabilities | 1,817,528 | | 43,749 | 1,861,277 |
| | 4. Claims Paid | 1,740,559 | 1,200,463 | 56,350 | 2,997,372 |
| B. | Assumed Reinsurance: | | | | |
| | 5. Incurred Claims | 344,676 | | | 344,676 |
| | 6. Beginning Claim Reserves and Liabilities | (2,736) | | | (2,736) |
| | 7. Ending Claim Reserves and Liabilities | 339,942 | | | 339,942 |
| | 8. Claims Paid | 1,998 | | | 1,998 |
| C. | Ceded Reinsurance: | | | | |
| | 9. Incurred Claims | 1,442,980 | (126,467) | (57,540) | 1,258,973 |
| | 10. Beginning Claim Reserves and Liabilities | 2,014,937 | 453,000 | 76,323 | 2,544,260 |
| | 11. Ending Claim Reserves and Liabilities | 3,184,874 | | | 3,184,874 |
| | 12. Claims Paid | 273,043 | 326,533 | 18,783 | 618,359 |
| D. | Net: | | | | |
| | 13. Incurred Claims | 332,381 | 193,809 | 62,235 | 588,425 |
| | 14. Beginning Claim Reserves and Liabilities | 109,729 | 680,121 | 19,081 | 808,931 |
| | 15. Ending Claim Reserves and Liabilities | (1,027,404) | | 43,749 | (983,655) |
| | 16. Claims Paid | 1,469,514 | 873,930 | 37,567 | 2,381,011 |
| E. | Net Incurred Claims and Cost Containment Expenses: | | | | |
| | 17. Incurred Claims and Cost Containment Expenses . | 328,856 | 196,272 | 62,235 | 587,363 |
| | 18. Beginning Reserves and Liabilities | 109,729 | 680,121 | 19,081 | 808,931 |
| | 19. Ending Reserves and Liabilities | (1,027,404) | | 43,749 | (983,655) |
| | 20. Paid Claims and Cost Containment Expenses | 1,465,989 | 876,393 | 37,567 | 2,379,949 |

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

| Without Life of Disability Contingencies, and Netated Benefits Listed by Nethisured Company as of December 31, Ourtent Teal | | | | | | | | | | | |
|---|--------------------------|--------------|--------------------------------------|----------------------------|-------------|-----------------|------------|------------|---------------|-------------|-------------|
| 1 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | Reinsurance | | Funds |
| NAIC | Federal | | | | Type of | Amount of | | | Payable on | Modified | Withheld |
| Company | ID | Effective | | | Reinsurance | In force at | | | Paid and | Coinsurance | Under |
| Code | Number | Date | Name of Reinsured | Location | Assumed | End of Year | Reserve | Premiums | Unpaid Losses | Reserve | Coinsurance |
| General Account - Non-affiliates | | | | | | | | | | | |
| 60054 | 06-6033492 | 05/09/1969 | AETNA LIFE & CASUALTY | HARTFORD, CT | YRT/G | 781,584,880 | | 800,996 | 876,917 | | |
| | 06-0303370 | | | HARTFORD, CT | YRT/G | | l | | | | |
| | 13-5581829 | 12/01/1969 | METROPOLITAN LIFE | NEW YORK, NY | YRT/G | 279,880,361 | | 386,307 | 195,957 | | |
| 68241 | 22-1211670 | 01/01/1972 | PRUDENTIAL | NEWARK. NJ | YRT/G | | l | | | | |
| | 13-5581829 | 12/01/1969 | METROPOLITAN FEGLI | NEW YORK, NY NEWARK, NJ | YRT/G | . 1,631,927,085 | | 7,309,398 | | | |
| | 22-1211670 | 08/01/1972 | PRUDENTIAL SEGLI | NEWARK, NJ | YRT/G | | | | | | |
| | 41-0417830 | 09/01/1985 | MINNESOTA MUTUAL LIFE | ST PAUL, MN | YRT/G | | | | | | |
| | 06-0974148 | 01/01/1989 | HARTFORD LIFE | HARTFORD, CT | YRI/G | | | | | | |
| | 52-0913817 | 04/01/1972 | UNICAREAMERICAN LIFE & HEALTH INS CO | CHARLESTÓWN, MA | YR1/G | 58,900,900 | 0.460.055 | 26,009 | | | |
| | 43-0158650 76-0100829 | | NORTH AMERICAN LIFE INS CO OF TX | JEFFERSON CITY, MO | CO/I | 42,657,951 | 3.217.208 | | | | |
| | 35-0472300 | 12/01/2003 | LINCOLN NATL LIFE INS CO | OMAHA NERRASKA | VRT/G | 42,037,931 | 3,217,200 | 110 | 201,024 | | |
| | につ いつついれにに | I N1/N1/9NN0 | I DOOVED T WAS LINCTON INC CO INC | ΙΛΙ | I VDT/I | 121 600 000 | | 39,845,439 | 278,971 | | |
| | 62-0392810 | 01/01/2008 | UNIVERSAL LIFE INS CO | AL | YRT/I | 43,896,000 | 8,669,766 | | | | |
| 0299999 Subtotal - General Account - Non-affiliates | | | | | | 7,704,536,671 | 39,834,189 | 58,666,000 | | | |
| 0399999 Total - General Account | | | | | | . 7,704,536,671 | 39,834,189 | 58,666,000 | 4,967,904 | | |
| 0799999 Totals | | | | | | . 7,704,536,671 | 39,834,189 | 58,666,000 | 4,967,904 | | |

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| | Tomourance Accounts and Tourist Incuration Systems and Society States and States | | | | | | | | | | | |
|------------|---|------------|--------------------------------|----------------|-------------|----------|----------|--------------|---------------|-------------|-------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| | | | | | | | | Reserve | | | | |
| | | | | | | | | Liability | Reinsurance | | Funds | |
| NAIC | Federal | | | | Type of | | | Other Than | Payable on | Modified | Withheld | |
| Company | ID | Effective | | | Reinsurance | | Unearned | for Unearned | Paid and | Coinsurance | Under | |
| Code | Number | Date | Name of Reinsured | Location | Assumed | Premiums | Premiums | Premiums | Unpaid Losses | Reserve | Coinsurance | |
| Non-Affili | ates | | | | | | | | | | | |
| 53228 | 04-1045815 | 05/01/2003 | BCBS OF MA | BOSTON, MA | OTH/G | 170,605 | | 57,150 | | | | |
| | 38-2069753 | 05/01/2003 | BCBS OF MI | DETROIT, MI | OTH/G | 184,470 | | 67,235 | | | | |
| 53473 | 05-0158952 | | | PROVIDENCE, RI | OTH/G | 225,199 | | 75,438 | | | | |
| 53686 | 81-0216685 | 05/01/2003 | BCBS OF MT | HELENA, MT | OTH/G | 105,080 | | 35,200 | | | | |
| 70122 | 73-0493220 | 01/01/2005 | UNIVERSAL FIDELITY LIFE INS CO | OK | OTH/G | 103 | | | | | | |
| 0299999 | 0299999 Total - Non-Affiliates 235,023 | | | | | | | | | | | |
| 0399999 | 039999 Totals 235,023 235,023 | | | | | | | | | | | |

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 2 | 3 | 4 | 5 | 6 | 7 |
|---------------------|---|---|-------------------------|--------------|---|
| Federal | | | | | |
| ID | Effective | | | | |
| Number | Date | Name of Company | Location | Paid Losses | Unpaid Losses |
| Annuity, Non-Af | filiates | | | | |
| AA-3190829 | 09/30/2003 | MAX RE LTD | HAMILTON HM11, BERMUDA | 238,994 | 1,652,114 |
| 06-0303370 | 01/01/1972 | CONNECTICUT GENERAL | HARTFORD, CT | | |
| 41-1760577 | 01/01/2007 | WILTON REASSURANCE COMPANY | MINNEAPOLIS, MINNESOTA | 34,923 | |
| | | OPTIMUM RE INS CO | DALLS, TEXAS | | 71,239 |
| | | SWISS RE LIFE & HEALTH AMER INC | STAMFORD, CT | | 10,000 |
| | | QUANTA REINS LTD | HAMILTON, HM11, BERMUDA | | 217,645 |
| | | CONNECTICUT GEN LIFE INS CO | HARFORD, CT | | 634,840 |
| Total - Life and A | nnuity, Non-At | ffiliates | | 273,917 | 2,585,838 |
| Totals - Life and / | Annuity | | | 273,917 | 2,585,838 |
| and Health, Non | -Affiliates | | | | |
| 59-2213662 | 10/01/2004 | MEGA LIFE & HEALTH INS CO THE | OKLAHOMA | 7,922 | |
| 13-4924125 | 09/30/2005 | MUNICH REINS AMER INC | DE | 362,131 | 89,807 |
| 20-0735099 | 01/01/2008 | COMPANION CAPTIVE INS CO | SC | 879,256 | |
| 13-5616275 | | TRANSATLANTIC REIN CO | NEW YORK, NY | | 2,945 |
| | | PLATINUM UNDERWRITERS REINS INC | MD | | 7,485 |
| 59-2213662 | 10/01/2004 | MEGA LIFE & HLTH INS CO THE | OKLAHOMA | | 84,871 |
| Total - Accident a | nd Health, No | n-Affiliates | | 1,249,309 | 185,108 |
| Totals - Accident | 1,249,309 | 185,108 | | | |
| Totals - Life, Ann | uity and Accid | ent and Health | | 1,523,226 | 2,770,946 |
| | Federal ID Number Annuity, Non-Aft AA-3190829 06-0303370 41-1760577 75-1608507 06-0839705 AA-3194190 06-0303370 Total - Life and A otals - Life and A and Health, Nor 59-2213662 13-4924125 20-0735099 13-5616275 52-1952955 59-2213662 otal - Accident a otals - Accident a otals - Accident | Federal ID Effective Number Date Annuity, Non-Affiliates AA-3190829 09/30/2003 06-0303370 01/01/1972 41-1760577 01/01/2007 75-1608507 07/01/2002 06-0839705 11/01/1960 AA-3194190 9/30/2005 06-0303370 01/01/1972 Total - Life and Annuity, Non-Affoliates 59-2213662 10/01/2004 13-4924125 99/30/2005 20-0735099 01/01/2008 13-5616275 01/01/2008 13-5616275 01/01/2003 59-2213662 10/01/2004 otal - Accident and Health, Norotals - Accident and Health, Norotals - Accident and Health | Federal ID | Federal ID | Federal ID Effective Number Date Name of Company Location Paid Losses |

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability

Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

| | Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year | | | | | | | | | | | | |
|----------|--|---------------|---------------------------------|------------------------|-------------|--------------|------------|------------|------------|---------------|----------------|-------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | Reserve Cr | edit Taken | 10 | Outstanding 9 | Surplus Relief | 13 | 14 |
| NAIC | Federal | | | | Type of | Amount in | 8 | 9 | | 11 | 12 | Modified | Funds Withheld |
| Company | ID | Effective | | | Reinsurance | Force at End | Current | Prior | | Current | Prior | Coinsurance | Under |
| Code | Number | Date | Name of Company | Location | Ceded | of Year | Year | Year | Premiums | Year | Year | Reserve | Coinsurance |
| | ed General Acco | unt - Non-Δff | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 68276 | 48-1024691 | | EMPLOYERS REASSUR CORP | OVERLAND PARK, KS | CO/I | 100,000 | 389 | 357 | 1 ' 1 | | | | |
| 68276 | 48-1024691 | | EMPLOYERS REASSUR CORP | OVERLAND PARK, KS | YRT/I | 380,023 | 2,801 | 2,694 | | | | | |
| 68276 | 48-1024691 | | EMPLOYERS REASSUR CORP | OVERLAND PARK, KS | YRT/I | 2,069,359 | 11,761 | 12,344 | | | | | |
| 65978 | 13-5581829 | | METROPOLITAN LIFE INS CO | NEW YORK, NY | YRT/I | 16,979,400 | | | 164,800 | | | | |
| 88099 | 75-1608507 | | | DALLAS, TX | . YRT/I | 14,448 | 346 | 347 | (3,106) | | | | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | . CO/I | | 26 | 20 | | | | | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | . CO/I | | 30 | 34 | 18 | | | | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | . YRT/I | 140,532 | 7,041 | 7,508 | 14,677 | | | | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | . CO/I | | | | | | | | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | . YRT/I | 518,012 | 3,236 | 3,414 | (2,577) | | | | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | . CO/I | | 356 | 377 | | | | | |
| 88099 | 75-1608507 | 09/01/1996 | OPTIMUM RE INS CO | DALLAS, TX | YRT/I | 125,171 | 480 | 449 | 1,127 | | | | |
| 88099 | 75-1608507 | 07/01/2005 | OPTIMUM RE INS CO | DALLAS, TX | . YRT/I | 11.157.532 | 15,346 | 19,863 | 12,296 | | | | |
| 88099 | 75-1608507 | 07/01/2002 | OPTIMUM RE INS CO | DALLAS, TX | . YRT/G | 13,302,500 | | | 260,830 | | | | |
| 68241 | 22-1211670 | 08/01/1972 | PRUDENTIAL INS CO OF AMER | NEWARK, NJ | YRT/I | 382,701 | | | 7,685 | | | | |
| 82627 | 06-0839705 | 11/01/1960 | SWISS RE LIFE & HEALTH AMER INC | STAMFORD, CT | . YRT/I | 150,760 | 2,092 | 2,101 | 4.289 | | | | |
| 82627 | 06-0839705 | | SWISS RE LIFE & HEALTH AMER INC | STAMFORD, CT | YRT/I | 9,241 | 264 | 455 | | | | | |
| 67148 | 56-0343440 | 01/01/1972 | OCCIDENTAL LIFE INS CO OF NC | LOS ANGELES, CA | co/i | 50,000 | 275 | 249 | | | | | |
| 67148 | 56-0343440 | | OCCIDENTAL LIFE INS CO OF NC | LOS ANGELES, CA | YRT/I | 73,762 | 2,956 | 2,881 | | | | | |
| 80837 | 31-0472910 | 02/01/1987 | UNION CENTRAL LIFE INS CO | CINCINNATI. OH | YRT/I | 2,127,839 | 7,945 | 7,945 | 29,047 | | | | |
| 70815 | 06-0838648 | 01/01/2004 | HARTFORD LIFE & ACCIDENT INS CO | HARTFORD,CT | CO/G | 200,538,122 | 43,804 | 43,814 | | | | | |
| 66168 | 41-0417830 | | MINNESOTA LIFE INS CO | ST. PAUL,MN | CO/G | 391,108,453 | | | 2.708.156 | | | | |
| 82627 | 06-0839705 | 09/01/2004 | SWISS RE LIFE & HEALTH AMER INC | STAMFORD, CT | YRT/I | | | | 2,700,700 | | | | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | YRT/G | | | | 53,989 | | | | |
| 66133 | 41-1760577 | | WILTON REASSURANCE COMPANY | MINNEAPOLIS, MINNESOTA | CO/I | 39,279,711 | 591,216 | 157.160 | | | | | |
| 76694 | 23-2044256 | | LONDON LIFE REINS CO | BLUE BELL, PA | MCO/I | 157,236,494 | 6,317,124 | | 35,345,817 | | | 24,538,586 | |
| 88099 | 75-1608507 | | OPTIMUM RE INS CO | DALLAS, TX | ADB/G | | | | 28,340 | | | 24,000,000 | |
| | | | Account - Non-Affiliates | | | 835,744,060 | 7,007,487 | 262,010 | | | | 24,538,586 | |
| | | | | | | | | | | | | | |
| 0399999 | Total - Authorized | General Acco | ount | | | 835,744,060 | 7,007,487 | 262,010 | 41,933,810 | | | 24,538,586 | |
| Unauthor | ized General Ac | count - Non-A | Affiliates | | | | | | | | | | |
| 00000 | AA-3190829 | 09/30/2003 | MAX BERMUDA LTD | BERMUDA | . Тотн/і | 75,930,275 | 37,030,766 | 36,143,298 | 567,579 | | | | |
| 00000 | AA-3194190 | | QUANTA REINS LTD | BERMUDA | CO/G | 20,799,665 | 721.427 | 1,371,027 | 1,075,832 | | | 1.754.117 | |
| 66753 | | | | | 20,733,003 | 121,721 | 1,57 1,027 | 447 | | | | | |
| | 1599999 Subtotal - Unauthorized General Account - Non-Affiliates | | | | | 96,729,940 | 37,752,193 | 37,514,325 | | | | 1,754,117 | |
| | 0699999 Total - Unauthorized General Account | | | | | 96,729,940 | 37,752,193 | 37,514,325 | | | | 1,754,117 | |
| | 1799999 Total - Authorized and Unauthorized General Account | | | | | 932,474,000 | 44,759,680 | 37,776,335 | | | | 26,292,703 | |
| | | | | | | , , | | | | | | | |
| 1599999 | l otals | | | | | 932,474,000 | 44,759,680 | 37,776,335 | 43,577,668 | | | 26,292,703 | |

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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| Reinsurance Ceded Accident and Health insurance Listed by Reinsuring Company as of December 31, Current Year | | | | | | | | | | | | |
|--|---|-----------------|--------------------------------|--------------------------|----------|------------------|-------------|----------------|---------------|----------------|-------------|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Outstanding 9 | Surplus Relief | 12 | 13 |
| | | | | | | | | Reserve | 10 | 11 | | |
| | | | | | | | | Credit Taken | | | | Funds |
| NAIC | Federal | | | | | | Unearned | Other than for | | | Modified | Withheld |
| Company | ID | Effective | | | | | Premiums | Unearned | Current | Prior | Coinsurance | Under |
| Code | Number | Date | Name of Company | Location | Type | Premiums | (estimated) | Premiums | Year | Year | Reserve | Coinsurance |
| | d General Acco | unt - Affiliate | | | 1 7 7 7 | | (00000000) | | | | | |
| | | | | | | | | | | | | |
| | 52-1952955 | 05/01/2002 | PLATINUM UNDERWRITERS REINS CO | MD | . CO/G | (10) | | | | | | |
| 19453 | 13-5616275 | | | NEW YORK,NY | | (8) | | | | | | |
| | 76-0196559 | | NATIONAL PACIFIC DENTAL INC | DALLAS,TX | . CO/G | 961 | | | | | | |
| | AA-9992010 | | | AUSTIN,TX | | | | | | | | |
| 10227 | 13-4924125 | 10/01/2005 | MUNICH REINS AMER INC | DE | CO/G | 660,707 | | | | | | |
| | 59-2213662 13-2997499 | 04/04/2009 | MEGA LIFE & HLTH INS CO THE | OK | OTU/C | 35,280 22,545 | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | 719,475 | | | | | | |
| 0399999 1 | Total - Authorized | General Acco | ount | | | 719,475 | | | | | | |
| Unauthor | ized General Ac | count - Affilia | ites | | | | | | | | | |
| 66753 | 38-1744924 | 04/01/2006 | LIBERTY UNION LIFE ASSUR CO | MADISON HEIGHTS MICHIGAN | CO/G | 7,642 | | | | | | |
| | AA-0040031 | 01/01/2008 | TRISTAR LTD | CAYMAN ISLANDS | OTH/G | 340,063 | | | | | | |
| | 20-0735099 | 01/01/2008 | COMPANION CAPTIVE INS CO | SC | OTH/G | 1,288,240 | | | | | | |
| 0499999 Subtotal - Unauthorized General Account - Affiliates | | | | | | | | | | | | |
| 0699999 Total - Unauthorized General Account | | | | | | 1,635,945 | | | | | | |
| 0799999 1 | 0799999 Total - Authorized and Unauthorized General Account | | | | | | | | | | | |
| 1599999 T | otals | | | | | 2,355,420 | | | | | | |

Reinsurance Ceded To Unauthorized Companies

| 1 2 3 4 5 6 7 8 9 10 11 1 1 NAIC Federal Company ID Effective Recoverable Other (Cols. 5 Letters of Trust Withheld | Miscellaneous Balances | 14 Sum of Cols. 9+10+11+12+13 But Not in |
|--|------------------------|---|
| NAIC Federal Reserve Unpaid Losses Totals Deposited by and | Balances | 9+10+11+12+13 |
| | Balances | |
| Company ID Effective Credit Recoverable Other (Cols. 5 Letters of Trust Withheld | | But Not in |
| | (0 1:4) | Datitotiii |
| Code Number Date Name of Reinsurer Taken (Debit) Debits + 6 + 7) Credit Agreements from Reinsurers Ott | er (Credit) | Excess of Col. 8 |
| General Account - Life and Annuity - Non-Affiliates | | |
| 00000 AA-3190829 09/30/2003 MAX RE LTD 37,030,766 1,652,113 56,781 38,739,660 43,784,780 | | 38,739,660 |
| 00000 AA-3194190 09/30/2005 QUANTA REINS LTD 721,427 217,645 (534,511) 404,561 1,000,000 | | 1 |
| 66753 38-1744924 04/01/2006 LIBERTY UNION LIFE ASSUR CO | | |
| 0299999 Subtotal - General Account - Life and Annuity - Non-Affiliates | | 39,144,221 |
| 0399999 Total - General Account - Life and Annuity | | 39,144,221 |
| General Account - Accident & Health - Non-Affiliates | | |
| 00000 AA-3190702 05/01/2002 SENSU LTD | | |
| 95251 76-0196559 01/01/2004 NATIONAL PACIFIC DENTAL INC | | |
| 66753 38-1744924 04/01/2006 LIBERTY UNION LIFE ASSUR CO | | |
| 0599999 Subtotal - General Account - Accident & Health - Non-Affiliates | | |
| 0699999 Total - General Account - Accident and Health | | |
| 0799999 Total - General Account | | 39,144,221 |
| 1199999 Totals (General Account and Separate Accounts combined) | | 39,144,221 |

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
|-------|---|---|--------|--------|--------|---------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 2008 | 2007 | 2006 | 2005 | 2004 |
| A. OF | PERATIONS ITEMS: | | | | | |
| 1. | Premiums and annuity considerations for life and accident and | | | | | |
| | health contracts | 45,933 | 18,473 | 32,268 | 36,268 | 60,487 |
| 2. | Commissions and reinsurance expense allowances | | | | | |
| 3. | Contract claims | | | | | |
| 4. | Surrender benefits and withdrawals for life contracts | | | | | |
| 5. | Dividends to policyholders | | | | | |
| 6. | Reserve adjustments on reinsurance ceded | 23,706 | 302 | 549 | 363 | |
| 7. | Increase in aggregate reserves for life and accident and health | | | | | |
| | contracts | | | | 220 | (1,430) |
| B. BA | LANCE SHEETS ITEMS | | | | | |
| 8. | Premiums and annuity considerations for life and accident and | | | | | |
| | health contracts deferred and uncollected | 4,238 | 1,894 | 1,416 | 1,705 | 1,831 |
| 9. | Aggregate reserves for life and accident and health contracts | 44,831 | 39,853 | 40,693 | 42,877 | 42,657 |
| 10. | Liability for deposit-type contracts | | | | | |
| 11. | Contract claims unpaid | | | | | |
| 12. | Amounts recoverable on reinsurance | 1,523 | 1,117 | 539 | 1,351 | 608 |
| 13. | Experience rating refunds due or unpaid | | | | | |
| 14. | Policyholders' dividends (not included in Line 10) | | | | | |
| 15. | Commissions and reinsurance expense allowances unpaid | | | | | |
| 16. | Unauthorized reinsurance offset | | | | | 773 |
| C. UN | IAUTHORIZED REINSURANCE | | | | | |
| (Depo | osits By and Funds Withheld From) | | | | | |
| 17. | Funds deposited by and withheld from (F) | | | | | |
| 18. | Letters of credit (L) | | | | | |
| 19. | Trust agreements (T) | 43,785 | 45,464 | 44,094 | 46,121 | 45,697 |
| 20. | Other (O) | | | | | 132 |

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1 | 2 | 3 |
|--------|---|----------------|----------------|------------------|
| | | As Reported | Restatement | Restated |
| | | (net of ceded) | Adjustments | (gross of ceded) |
| ASSF. | TS (Page 2, Column 3) | (| , raja eti ile | (9.000 0.00000) |
| 1. | Cash and invested assets (Line 10) | 136 028 143 | | 136 028 143 |
| 2. | Reinsurance ceded (Line 14) | | | |
| 3. | Premiums and considerations (Line 13) | | | |
| 4. | Net credit for ceded reinsurance | | | |
| 5. | All other admitted assets (balance) | | | |
| 6. | TOTAL assets excluding Separate Accounts (Line 24) | 159,410,885 | 48,073,689 | 207,484,574 |
| 7. | Separate Account assets (Line 25) | | | |
| 8. | TOTAL assets (Line 26) | 159,410,885 | 48,073,689 | 207,484,574 |
| LIABII | LITIES, CAPITAL AND SURPLUS (Page 3) | , , | | , , |
| 9. | Contract reserves (Lines 1 and 2) | 125,949,547 | 44,830,687 | 170,780,234 |
| 10. | Liability for deposit-type contracts (Line 3) | | | |
| 11. | Claim reserves (Line 4) | | | |
| 12. | Policyholder dividends/reserves (Lines 5 through 7) | | | |
| 13. | Premium & annuity considerations received in advance (Line 8) | 222,315 | 166,126 | 388,441 |
| 14. | Other contract liabilities (Line 9) | | | |
| 15. | Reinsurance in unauthorized companies (Line 24.2) | | | |
| 16. | Funds held under reinsurance with unauthorized reinsurers (Line 24.3) | | | |
| 17. | All other liabilities (balance) | | | |
| 18. | Total liabilities excluding Separate Accounts (Line 26) | 149,915,834 | 48,073,689 | 197,989,523 |
| 19. | Separate Account liabilities (Line 27) | | | |
| 20. | TOTAL liabilities (Line 28) | 149,915,834 | 48,073,689 | 197,989,523 |
| 21. | Capital & surplus (Line 38) | 9,495,051 | X X X | 9,495,051 |
| 22. | TOTAL liabilities, capital and surplus (Line 39) | 159,410,885 | 48,073,689 | 207,484,574 |
| NET C | REDIT FOR CEDED REINSURANCE | | | |
| 23. | Contract reserves | 44,830,687 | | |
| 24. | Claim reserves | 3,076,876 | | |
| 25. | Policyholder dividends/reserves | | | |
| 26. | Premium & annuity considerations received in advance | 166,126 | | |
| 27. | Liability for deposit-type contracts | | | |
| 28. | Other contract liabilities | | | |
| 29. | Reinsurance ceded assets | | | |
| 30. | Other ceded reinsurance recoverables | | | |
| 31. | TOTAL ceded reinsurance recoverables | 55,976,804 | | |
| 32. | Premiums and considerations | | | |
| 33. | Reinsurance in unauthorized companies | | | |
| 34. | Funds held under reinsurance treaties with unauthorized reinsurers | | | |
| 35. | Other ceded reinsurance payables/offsets | | | |
| 36. | TOTAL ceded reinsurance payable/offsets | | | |
| 37. | TOTAL net credit for ceded reinsurance | 51,739,253 | | |

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

| | | | Direct Busines | , | | 1 | - |
|------------|----------------------------|--------------------|----------------|-----------------|----------------|--------------|------------|
| | | 1 | 2 | 3 Disability | 4 Long-Term | 5 | 6 |
| | | Life | Annuities | Income | Care | | |
| | | (Group and | (Group and | (Group and | (Group and | Deposit-Type | |
| | States, Etc. | Individual) | Individual) | Individual) | Individual) | | Totals |
| 1. | States, Etc. Alabama (AL) | 203,274 | | 789 | | | 204,063 |
| 2. | Alaska (AK) | | | | | | 1 |
| 3. | Arizona (AZ) | | | | | | |
| 4. | Arkansas (AR) | . 9 . | | | | | 9 |
| 5. | California (CA) | 56,762 . | | 1,521,429 | | | 1,578,192 |
| 6. | Colorado (CO) | | | | | | |
| 7. | Connecticut (CT) | | | | | | 85 |
| 8. | Delaware (DE) | | | | | | |
| 9. | District of Columbia (DC) | | | | | | |
| 10. | Florida (FL) | | | 699 | | | 243,248 |
| 11. | Georgia (GA) | 1,461,380 . | 29,525 | 301,050 | | | 1,791,955 |
| 12. | Hawaii (HI) | | | | | | |
| 13. | Idaho (ID) | | | | | | 17 |
| 14. | Illinois (IL) | 6,829,817 . | 700 . | 2,805 | | | 6,833,322 |
| 15. | Indiana (IN) | | | 124,764 | | | 158,078 |
| 16. | lowa (IA) | | | | | | 110 |
| 17. | Kansas (KS) | | | | | | |
| 18. | Kentucky (KY) | | | | | | |
| 19. | Louisiana (LA) | | | | | | |
| 20. | Maine (ME) | | | | | | |
| 21. | Maryland (MD) | | | | | | |
| 22. | Massachusetts (MA) | 536 | | | | | 536 |
| 23. | Michigan (MI) | | | | | | |
| 24. | Minnesota (MN) | | | | | | |
| 25. | Mississippi (MS) | 153.692 | | | | | 153.692 |
| 26. | Missouri (MO) | | | | | | |
| 27. | Montana (MT) | | | | | | |
| 28. | Nebraska (NE) | | | | | | |
| 29. | Nevada (NV) | 79 | | | | | 79 |
| 30. | New Hampshire (NH) | | | | | | |
| 31. | New Jersey (NJ) | | | | | | |
| 32. | New Mexico (NM) | | | | | | |
| 33. | New York (NY) | | | | | | |
| 34. | North Carolina (NC) | | | | | | |
| 35. | North Dakota (ND) | /8 | | 2,110,177 | | | //8 |
| 36. | Ohio (OH) | 31 158 | 5 000 | 164 | | | 36 321 |
| 37. | Oklahoma (OK) | | | | | | |
| 38. | Oregon (OR) | 10 | | | | | 10 |
| 39. | Pennsylvania (PA) | 1 218 262 | 4 605 | 9.165 | | | 1 221 222 |
| 40. | Rhode Island (RI) | | | | | | |
| 40. 41. | South Carolina (SC) | 604 112 | 4 900 | E1 224 | | | 740.245 |
| 41. 42. | | | | | | | |
| | South Dakota (SD) | | | | | | |
| 43. | Tennessee (TN) | | | | | | |
| 44. 45 | Texas (TX) | | | | | | |
| 45. | Utah (UT) | | | | | | |
| 46. | Vermont (VT) | | 40.000 | | | | 4.055.070 |
| 47. | Virginia (VA) | | | | | | |
| 48. | Washington (WA) | | | | | | |
| 49. | West Virginia (WV) | . | | | | | |
| 50. | Wisconsin (WI) | . | | | | | 25 |
| 51. | Wyoming (WY) | . [| | | | | |
| 52. | American Samoa (AS) | | | | | | |
| 53. | Guam (GU) | | | | | | |
| 54. | Puerto Rico (PR) | | | | | | |
| 55. | U.S. Virgin Islands (VI) | . | | | | | |
| 56. | Northern Mariana Islands | | | | | | |
| | (MP) | | | | | | |
| 57. | Canada (CN) | | | | | | |
| 58. | Aggregate other alien (OT) | | | | | | |
| 59. | TOTALS | . 20,017,895 . | 387,588 . | 4,330,962 | | | 24,736,446 |

SCHEDULE Y (Continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------|---------|-------------------------------|-------------|---------------|--------------------|---------------------|------------|-----------------|-----|-------------------|--------|----------------|
| | | | | | Purchases, Sales | Income/(Disburse- | | | | Any Other | | Reinsurance |
| | | | | | or Exchanges of | ments) Incurred in | | | | Material Activity | | Recoverable/ |
| | | | | | Loans, Securities, | Connection with | Management | Income/ | | not in the | | (Payable) |
| | | | | | Real Estate, | Guarantees or | Agreements | (Disbursements) | | Ordinary | | on Losses |
| NAIC | Federal | | | | Mortgage | Undertakings | and | Incurred Under | | Course of | | and/or Reserve |
| Company | ID | Names of Insurers and Parent, | Shareholder | Capital | Loans or Other | for the Benefit | Service | Reinsurance | | the Insurer's | | Credit Taken/ |
| Code | Number | Subsidiaries or Affiliates | Dividends | Contributions | Investments | of any Affiliate(s) | Contracts | Agreements | * | Business | Totals | (Liability) |
| 9999999 Tot | tals | | | | | | | | XXX | | | |

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?
Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? Yes Yes Will an Actuarial opinion be filed by March 1? APRIL FILING Will Management's Discussion and Analysis be filed by April 1? Yes Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? 6. Yes Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? Yes Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes JUNE FILING 9. Will an audited financial report be filed by June 1? Yes The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING 10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? No No Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1? Will the actuarial opinion on non-guaranteed elements as required in Interrogatory #3 to Exhibit 5 be filed by March 1? Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? Yes No Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?

17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC Nο No 18. Will the reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?
Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of No domicile and electronically with the NAIC by March 1?
Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed Nο with the Reasonableness of Assumptions Certification of Implied Gualanteed Rate Method required by Actuarial Guideline XXXVI be filled with the state of domicile and electronically with the NAIC by March 1?

Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filled with the state of domicile and electronically with the NAIC by March 1?

Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be No Nο filed with the state of domicile and electronically with the NAIC by March 1?

Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?

Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?

Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?

Will the Workers' Compensation Carso Out Supplement be filed by March 13 Nο No No Nο Will the Workers' Compensation Carve-Out Supplement be filed by March 1? No Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No **APRIL FILING** 29. Will the Long-Term Care Experience Reporting Forms be file with the state of domicile and the NAIC by April 1? No Will the Interest Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? No Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes Explanations: Bar Codes: Medicare Supplement Insurance Experience Exhibit 2008 Document C

nthetic Guaranteed Investment Contracts Actuarial Opinion

arate Accounts Funding Guaranteed Minimum Benefits Actuarial Opinion

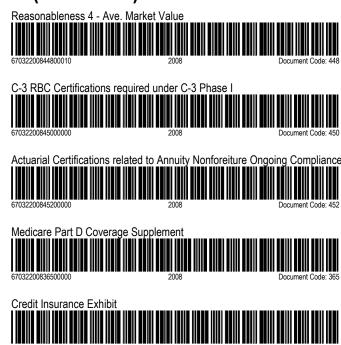
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)











ASSETS

| | | Current Year | | Prior Year |
|--|-----------|--------------|--------------|--------------|
| | 1 | 2 | 3 | 4 |
| | | | Net Admitted | |
| | | Nonadmitted | Assets | Net Admitted |
| | Assets | Assets | (Cols.1-2) | Assets |
| 2304. NEGATIVE IMR | 519,032 | 519,032 | | |
| 2305. PREPAID RENT / EXPENSES | 144,582 | 144,582 | | 0 |
| 2306. A/R SE DURHAM DEVELOPMENT CORP | 91,063 | 91,063 | | |
| 2307. OTHER AMOUNTS RECEIVABLE | 121,247 | 17,978 | 103,269 | 392,707 |
| 2308. NAL RECEIVABLE | 59,724 | 59,724 | 0 | |
| 2309. PERSONAL LOANS TO EMPLOYEES | 1,604 | 1,604 | | |
| 2310. NON QUALIFIED PENSION BENEFIT ASSETS | 488,532 | 488,532 | | |
| 2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396) | 1,425,783 | 1,322,514 | 103,269 | 392,707 |

SUMMARY OF OPERATIONS

| | | 1 | 2 |
|---------|---|--------------|-------------|
| | | Current Year | Prior Year |
| 08.304. | INC (DEC) ON FUNDS HELD ASSET | (22,352) | (996,725) |
| 08.305. | CASH OVER / SHORT | 1,459 | 1,361 |
| 08.306. | DEPOSIT ACCOUNTING INCOME | (54,828) | (31,235) |
| 08.307. | GAIN / LOSS ON SALE OF EQUIPMENT | | |
| 08.397. | Summary of remaining write-ins for Line 8.3 (Lines 08.304 through 08.396) | (75,721) | (1,026,599) |
| | INC (DEC) IN GRP FUNDS ON DEPOSIT | | 2,033,629 |
| 2705. | OTHER DEDUCTIONS | (432,784) | (30,493) |
| 2797. | Summary of remaining write-ins for Line 27 (Lines 2704 through 2796) | (456,498) | 2,003,136 |

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | 2 | | Ordinary | | | Group | | | Accident and Health | | 12 |
|---|-----------|------------|-----------|------------|---------------|-------------|---------------|-----------|----------|---------------------|-------|------------------|
| | | | 3 | 4 | 5 | Credit Life | 7 | 8 | 9 | 10 | 11 | Aggregate of All |
| | | Industrial | Life | Individual | Supplementary | (Group and | Life | | | Credit (Group | | Other Lines |
| | Total | Life | Insurance | Annuities | Contracts | Individual) | Insurance (a) | Annuities | Group | and Individual) | Other | of Business |
| 08.304. INC/DEC ON FUNDS HELD ASSET | (22,352) | | | | | | (22,352) | | | | | |
| 08.305. CASH OVER / SHORT | 1,459 | | 1,459 | | | | | | | | | |
| 08.306. DEPOSIT ACCOUNTING INCOME | (54,828) | | | | | | (54,828) | | | | | |
| 08.307. | | | | | | | | | | | | |
| 08.397. Summary of remaining write-ins for Line 8.3 (Lines 08.304 through 08.396) | (75,721) | | 1,459 | | | | (77,180) | | | | | |
| 2704. INC (DEC) IN GRP FUNDS ON DEPOSIT | (23,714) | | | | | | (23,714) | | | | | |
| 2705. OTHER DEDUCTIONS | (432,784) | (29,796) | (220,895) | (1,200) | | | (158,635) | | (21,441) | | (817) | |
| 2797. Summary of remaining write-ins for Line 27 (Lines 2704 through 2796) | (456,498) | (29,796) | (220,895) | (1,200) | | | (182,349) | | (21,441) | | (817) | |

EXHIBIT OF NONADMITTED ASSETS

| | | <i>,</i> | | |
|-------|--|--------------------|--------------------|--------------------|
| | | 1 | 2 | 3 |
| | | | | Change in Total |
| | | Current Year Total | Prior Year Total | Nonadmitted Assets |
| | | Nonadmitted Assets | Nonadmitted Assets | (Col. 2 - Col. 1) |
| 2304. | PREPAID RENT / EXPENSES | 144,582 | 202,112 | 57,530 |
| 2305. | A/R NCM DEVELOPMENT GROUP | 91,063 | 91,063 | 0 |
| 2306. | OTHER AMOUNTS RECEIVABLE | 17,978 | 32,411 | 14,433 |
| 2307. | OTHER NON ADMITTED ASSETS | 59,724 | 204 | (59,520) |
| 2308. | PERSONAL LOANS TO EMPLOYEES | 1,604 | 598 | (1,006) |
| 2309. | PREPAID NON-QUALIFIED PENSION BENEFIT ASSETS | 488,532 | | (488,532) |
| 2397. | Summary of remaining write-ins for Line 23 (Lines 2304 through 2396) | 803,483 | 326,388 | (477,094) |

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | | | Group | · | | | | | | | (| Other Individual | Contract | S | | | | |
|---|----------|-------|------------|-------|-------------|-----------------|------------|-------|----------------|-------|----------|------------------|---------------|---------|-------------|------|----------|-------|
| | | | Accident a | nd | & Health (G | roup | Collective | ly | | | Guarante | ed | Non-Renewal | ble for | Other Accid | dent | | |
| | Total | | Health | | and Individ | and Individual) | | е | Non-Cance | lable | Renewab | le | Stated Reason | ns Only | Only | | All Othe | er |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % |
| | | | PA | RT 1 | - ANALYSI | S OF | UNDERWR | ITINO | OPERATI | ONS | | | | | | | | |
| 1104. MISCELLANEOUS INCOME | 73,624 | 4.4 | 73,297 | 5.7 | | | | | 3 | 0.1 | 54 | 0.1 | | | | | 270 | 0.1 |
| 1105. DEFERRED COMP | 29,525 | 1.8 | 28,266 | 2.2 | | | | | 4 | 0.1 | 212 | 0.3 | | | | | 1,043 | 0.3 |
| 1106. QUALIFIED PENSION BENEFIT COST | | | | | | | | | | | | | | | | | | |
| 1107. OTHER DEDUCTIONS | (19,355) | (1.2) | (18,537) | (1.4) | | | | | (3) | (0.1) | (138) | (0.2) | | | | | (677) | (0.2) |
| 1108. | | | | | | | | | | | | | | | | | | |
| 1197. Summary of remaining write-ins for Line 11 (Lines | | | | | | | | | | | | | | | | | | |
| 1104 through 1196) | 83,794 | 5.0 | 83,026 | 6.4 | | | | | 4 | 0.1 | 128 | 0.2 | | | | | 636 | 0.2 |

Supp16 California

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT







For The Year Ended December 31, 2008

(To be filed by March 1) FOR THE STATE OF CALIFORNIA

NAIC Company Code: 67032 NAIC Group Code: 0000 Address (City, State and Zip Code): Durham, NC 27701-3616

Person Completing This Exhibit:

Title: Telephone:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Р | olicies Issued Thro | ugh 2005 | | Polic | ies Issued in 2006 | 2007 2008 | |
|-----------------|---|--------------|----------|-----------------|----------|-----------|-----------|-------------|-----------|----------|---------------------|------------|-----------|----------|--------------------|------------|-----------|
| | - | | · | Ů | | , | | | | 11 | Incurred C | | 14 | 15 | Incurred C | | 18 |
| | | Standardized | | | | | | | Policy | | 12 | 13 | 1 | | 16 | 17 | 1 " |
| | Policy | Medicare | | | | Date | | | Marketing | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Form | Supplement | Medicare | Plan | Date | Approval | Date Last | | Trade | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristics | Approved | Withdrawn | Amended | Date Closed | Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| 0199999 Total E | 9 Total Experience on Individual Policies | | | | | | | | | | | | | | | | |
| 0299999 Total E | Experience on Group Policies | 3 | | | | | | | | | | | | | | | |

- GENERAL INTERROGATORIES

 1. If response in Column 1 is no, give full and complete details:
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address:
- 2.2 Contact Person and Phone Number:

 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
- 3.2 Contact Person and Phone Number:4. Explain any policies identified above as policy type "O":



WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

Due March 1

For the year ended December 31, 2008
Of the NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

Address (City, State, Zip Code): Durham, NC 27701-3616

NAIC Group Code: 0000 NAIC Company Code: 67032 Employer's ID Number: 56-0340860

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

| | | 1 | 2 | 3 | 4 |
|----|---------------------------------|------------------|------------------|------------------|-------------------|
| | | Net Premiums | Unearned | Unearned | Premiums Earned |
| | | Written per | Premiums Dec. 31 | Premiums Dec. 31 | During Year |
| | Line of Business | Column 5, Part 2 | Prior Year | Current Year | (Cols. 1 + 2 - 3) |
| 1. | Workers' Compensation Carve-Out | | | | |

PART 2 - PREMIUMS WRITTEN

| | | Reinsurance | Assumed | Reinsurar | ice Ceded | 5 |
|----|---------------------------------|-----------------|---------------------|---------------|-------------------|----------------------|
| | | 1 | 2 | 3 | 4 | Net Premiums Written |
| | Line of Business | From Affiliates | From Non-Affiliates | To Affiliates | To Non-Affiliates | Cols. 1 + 2 - 3 - 4 |
| 1. | Workers' Compensation Carve-Out | | | | | |

PART 3 - LOSSES PAID AND INCURRED

| | | | Losses Paid | | 4 | 5 | 6 | 7 | | | | | | |
|----|---------------------------------|-------------|-------------|---------------|------------------|------------|-------------------|------------------|--|--|--|--|--|--|
| | | 1 | 2 | 3 | | | | Percentage of | | | | | | |
| | | | | | | | | Losses Incurred | | | | | | |
| | | | | | Net Losses | | | (Col. 6, Part 3) | | | | | | |
| | | | | | Unpaid Current | Net Losses | Losses Incurred | to Premiums | | | | | | |
| | | Reinsurance | Reinsurance | Net Payments | Year | Unpaid | Current Year | Earned | | | | | | |
| | Line of Business | Assumed | Recovered | (Cols. 1 - 2) | (Part 4, Col. 6) | Prior Year | (Cols. 3 + 4 - 5) | (Col. 4, Part 1) | | | | | | |
| 1. | Workers' Compensation Carve-Out | | | | | | | | | | | | | |

PART 4 - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

| | i Ai | CI T - OIGI AI | D LOUGLU A | IND LOOD AL | | LXI LITOLO | | |
|----|---------------------------------|----------------|-----------------|----------------|--------------|--------------|-------------------|-------------|
| | | | Reported Losses | | Incurred But | Not Reported | 6 | 7 |
| | | 1 | 2 | 3 | 4 | 5 | | |
| | | | Deduct | | | | | |
| | | | Reinsurance | Net Losses | | | | |
| | | | Recovered from | Excl. Incurred | | | | |
| | | | Authorized and | But Not | | | Net Losses | Unpaid Loss |
| | | Reinsurance | Unauthorized | Reported | Reinsurance | Reinsurance | Unpaid | Adjustment |
| | Line of Business | Assumed | Companies | (Cols. 1 - 2) | Assumed | Ceded | (Cols. 3 + 4 - 5) | Expenses |
| 1. | Workers' Compensation Carve-Out | | | | | | | |

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued)

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

| | Assumed Remodulated as of December 197, Outrent Tear (000 Clinited) | | | | | | | | | | | | | | |
|-----------------|---|--|--------------|---------|-------------|---------------|---------------|-------------|------------|----------|---------------|---------------|--------------------|----------------|--|
| 1 | 2 | 3 | 4 | 5 | | Reinsurance C | n | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| | | | | | 6 | 7 | 8 | | | | Funds Held By | | Amount of | | |
| | | | | | Paid Losses | | | | | | or Deposited | | Assets Pledged | Amount of | |
| Federal | NAIC | | | | and Loss | Known Case | | Contingent | Assumed | | With | | or Compensating | Assets Pledged | |
| ID | Company | Name of | Domiciliary | Assumed | Adjustment | Losses and | Total | Commissions | Premiums | Unearned | Reinsured | Letters of | Balances to Secure | or Collateral | |
| Number | Code | Reinsured | Jurisdiction | Premium | Expenses | LAE | (Cols. 6 + 7) | Payable | Receivable | Premium | Companies | Credit Posted | Letters of Credit | Held in Trust | |
| 0599999 Total - | Other U.S. Ur | naffiliated Insurers | | | | | | | | | | | | | |
| 0699999 Total - | Pools, Associ | ations or Other Similar Facilities - Mandatory Pools | | | | | | | | | | | | | |
| 0799999 Total - | Pools, Associ | ations or Other Similar Facilities - Voluntary Pools | | | | | | | | | | | | | |
| 0899999 Total - | Pools and Ass | sociations | | | | | | | | | | | | | |
| 0999999 Total - | Other Non-U. | S. Insurers | | | | | | | | | | | | | |
| 9999999 Totals | | | | | | | | | | | | | | | |

SCHEDULE F - PART 2

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

| | 1 | 2 | 3 | 4 | 5 | 6 | | | | Re | einsurance Rec | coverable On | | | | Reinsuran | ce Payable | 18 | 19 |
|-----|-----------------|----------------|-------------------|--------------|-----------------|-------------|--------|------|-----------|----------|----------------|--------------|----------|-------------|------------|-----------|------------|-------------|-------------|
| | | | | | Reinsurance | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Net Amount | |
| | | | | | Contracts | | | | | | | | | | | | | Recoverable | Funds Held |
| | | | | | Ceding 75% | | | | | | | | | | | | Other | From | by Company |
| ınS | Federal | NAIC | | | or More of | Reinsurance | | | Known | Known | IBNR | IBNR | | | Cols. 7 | Ceded | Amounts | Reinsurers | Under |
| aa | ID | Company | | Domiciliary | Direct Premiums | Premiums | Paid | Paid | Case Loss | Case LAE | Loss | LAE | Unearned | Contingent | through 14 | Balances | Due to | (Cols. 15- | Reinsurance |
| 22 | Number | Code | Name of Reinsurer | Jurisdiction | Written | Ceded | Losses | LAE | Reserves | Reserves | Reserves | Reserves | Premiums | Commissions | Totals | Payable | Reinsurers | [16+17]) | Treaties |
| | 0999999 Total - | Authorized | | | | | | | | | | | | | | | | | |
| | 1899999 Total - | Unauthorized . | | | | | | | | | | | | | | | | | |
| | 1999999 Total - | Authorized and | Unauthorized | | | | | | | | | | | | | | | | |
| | 9999999 Totals | | | | | | | | | | | | | | | | | | |

Supp22

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued) SCHEDULE P - PART 1

(000 Omitted)

| Year | s in Which | | Premiums Earned | t | | | , | Loss and Loss E | xpense Payment | S | | | 12 |
|------|------------|---------|-----------------|---------------|---------|---------|------------|-----------------|----------------|-----------|-------------|-----------------|-----------|
| Pr | emiums | 1 | 2 | 3 | | | Defense | and Cost | Adjusting | and Other | 10 | 11 |] |
| | Were | | | | Loss Pa | ayments | Containmer | nt Payments | Payr | nents | | Total | Number |
| Ea | rned and | | | | 4 | 5 | 6 | 7 | 8 | 9 | | Net Paid | of Claims |
| Los | ses Were | | | Net | | | | | | | Subrogation | (Cols. 4- 5 + 6 | Reported- |
| l Ir | ncurred | Assumed | Ceded | (Cols. 1 - 2) | Assumed | Ceded | Assumed | Ceded | Assumed | Ceded | Received | -7 + 8 - 9) | Assumed |
| 1. | Prior | X X X | X X X | X X X | | | | | | | | | X X X |
| 2. | 1999 | | | | | | | | | | | | |
| 3. | 2000 | | | | | | | | | | | | |
| 4. | 2001 | | | | | | | | | | | | |
| 5. | 2002 | | | | | | | | | | | | |
| 6. | 2003 | | | | | | | | | | | | |
| 7. | 2004 | | | | | | | | | | | | |
| 8. | 2005 | | | | | | | | | | | | |
| 9. | 2006 | | | | | | | | | | | | |
| 10. | 2007 | | | | | | | | | | | | |
| 11. | 2008 | | | | | | | | | | | | |
| 12. | Totals | X X X | X X X | X X X | | | | | | | | | X X X |

| | | | Losses | Unpaid | | De | ense and Cost (| Containment Un | paid | Adjusting and | Other Unpaid | 23 | 24 | 25 |
|-----|-------|---------|--------|---------|--------|---------|-----------------|----------------|-------|---------------|--------------|-------------|------------|-------------|
| | | Case | Basis | Bulk + | - IBNR | Case | Basis | Bulk + | IBNR | 21 | 22 | 1 | Total Net | Number of |
| | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | | | Losses and | Claims |
| | | | | | | | | | | | | Subrogation | Expenses | Outstanding |
| | | Assumed | Ceded | Assumed | Ceded | Assumed | Ceded | Assumed | Ceded | Assumed | Ceded | Anticipated | Unpaid | Assumed |
| 1. | Prior | | | | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | | | | |
| 3. | 2000 | | | | | | | | | | | | | |
| 4. | 2001 | | | | | | | | | | | | | |
| 5. | 2002 | | | | | | | | | | | | | |
| 6. | 2003 | | | | | | | | | | | | | |
| 7. | 2004 | | | | | | | | | | | | | |
| 8. | 2005 | | | | | | | | | | | | | |
| 9. | 2006 | | | | | | | | | | | | | |
| 10. | 2007 | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | |

| | | | Total | | Loss an | d Loss Expense Pe | rcentage | | | 34 | Net Bala | nce Sheet |
|-----|--------|----------|------------------|----------|---------|-------------------|----------|-----------|------------|---------------|------------|---------------|
| | | Losses a | nd Loss Expenses | Incurred | (Inci | urred/Premiums Ea | rned) | Nontabula | r Discount | Inter-Company | Reserves A | fter Discount |
| | | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | Pooling | 35 | 36 |
| | | | | | | | | | Loss | Participation | Losses | Loss Expenses |
| | | Assumed | Ceded | Net | Assumed | Ceded | Net | Loss | Expense | Percentage | Unpaid | Unpaid |
| 1. | Prior | X X X | X X X | XXX | XXX | X X X | X X X | | | X X X | | |
| 2. | 1999 | | | | | | | | | | | |
| 3. | 2000 | | | | | | | | | | | |
| 4. | 2001 | | | | | | | | | | | |
| 5. | 2002 | | | | | | | | | | | l |
| 6. | 2003 | | | | | | | | | | | |
| 7. | 2004 | | | | | | | | | | | |
| 8. | 2005 | | | | | | | | | | | |
| 9. | 2006 | | | | | | | | | | | |
| 10. | 2007 | | | | | | | | | | | |
| 11. | 2008 | | | | | | | | | | | |
| 12. | | XXX | XXX | XXX | XXX | X X X | X X X | | | X X X | | |
| 12. | iotais | ^ ^ ^ | ۸۸۸ | AAA | AAA | ۸ ۸ ۸ | ۸ ۸ ۸ | | | AAA | | |

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued) SCHEDULE P - PART 2

| _ | | | | | | OHEDO | | / \ \ \ \ \ = | | | | | |
|-----|----------|------|------------|-------------|------------|------------|------------|---------------|----------|------------|------|--------|-------|
| ' | Years in | l II | NCURRED NE | ET LOSSES A | ND DEFENSE | AND COST C | CONTAINMEN | T EXPENSES | REPORTED | AT YEAR-EN | D | | |
| | Which | | | | | (\$000 OI | MITTED) | | | | | DEVELO | PMENT |
| | Losses | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | Were | | | | | | | | | | | One | Two |
| 1 | ncurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | Year | Year |
| 1. | Prior | | | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | | | |
| 3. | 2000 | XXX | | | | | | | | | | | |
| 4. | 2001 | XXX | xxx | | | | | | | | | | |
| 5. | 2002 | XXX | xxx | XXX | | | | | | | | | |
| 6. | 2003 | XXX | xxx | XXX | XXX | | | | | | | | |
| 7. | 2004 | XXX | xxx | XXX | XXX | XXX | | | | | | | |
| 8. | 2005 | XXX | xxx | XXX | XXX | XXX | XXX | | | | | | |
| 9. | 2006 | XXX | xxx | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. | 2007 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. | 2008 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. | TOTALS | | | | | | | | | | | | |

SCHEDULE P - PART 3

| | | | | | • | | LL - | 711 J | | | | | |
|-----|----------|------|------|---------|--------------|-------------|----------------|------------|---------|------|------|-----------|-------------|
| | | | | CUMULAT | TIVE PAID NE | T LOSSES AN | ID COST CON | TAINMENT E | XPENSES | | | 11 | 12 |
| | Years in | | | | REPOR | TED AT YEAR | R END (\$000 (| Omitted) | | | | Number of | Number of |
| | Which | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Claims | Claims |
| | Losses | | | | | | | | | | | Closed | Closed |
| | Were | | | | | | | | | | | With Loss | Without Los |
| | Incurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | Payment | Payment |
| 1. | Prior | 000 | | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | | | |
| 3. | 2000 | XXX | | | | | | | | | | | |
| 4. | 2001 | XXX | XXX | | | | | | | | | | |
| 5. | 2002 | XXX | XXX | XXX | | | | | | | | | |
| 6. | 2003 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. | 2004 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. | 2005 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. | 2006 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. | 2007 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. | 2008 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued)

SCHEDULE P - PART 4

| | | | BULK AND I | BNR RESERVE | S ON NET LOS | SES AND DEFE | NSE AND COS | T CONTAINME | NT EXPENSES | REPORTED | |
|-----|---------------|------|------------|-------------|--------------|--------------|-----------------|-------------|-------------|----------|------|
| | Years in | | | | | AT YEAR END | (\$000 Omitted) | | | | |
| ١ ١ | Which Losses | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ١ | Were Incurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| 1. | Prior | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | |
| 3. | 2000 | XXX | | | | | | | | | |
| 4. | 2001 | XXX | XXX | | | | | | | | |
| 5. | 2002 | XXX | XXX | XXX | | | | | | | |
| 6. | 2003 | xxx | XXX | XXX | X X X | | | | | | |
| 7. | 2004 | xxx | XXX | XXX | X X X | X X X | | | | | |
| 8. | 2005 | xxx | XXX | XXX | X X X | X X X | XXX | | | | |
| 9. | 2006 | XXX | XXX | XXX | XXX | X X X | XXX | XXX | | | |
| 10. | 2007 | xxx | XXX | XXX | XXX | X X X | xxx | XXX | XXX | | |
| 11. | 2008 | xxx | xxx | xxx | X X X | X X X | xxx | xxx | xxx | xxx | |

SCHEDULE P - PART 5

SECTION 1

| | | | С | UMULATIVE NU | JMBER OF CLA | IMS CLOSED W | /ITH LOSS PAY | MENT ASSUME | D AT YEAR EN | D | |
|-----|---------------|------|-------|--------------|--------------|--------------|---------------|-------------|--------------|-------|------|
| | Years in | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| W | hich Premiums | | | | | | | | | | |
| ' | Were Earned | | | | | | | | | | |
| | and Losses | | | | | | | | | | |
| V | Vere Incurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| 1. | Prior | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | |
| 3. | 2000 | XXX | | | | | | | | | |
| 4. | 2001 | XXX | XXX | | | | | | | | |
| 5. | 2002 | XXX | XXX | XXX | | | | | | | |
| 6. | 2003 | XXX | X X X | X X X | X X X | | | | | | |
| 7. | 2004 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. | 2005 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. | 2006 | XXX | XXX | X X X | X X X | XXX | XXX | XXX | | | |
| 10. | 2007 | XXX | X X X | X X X | X X X | X X X | XXX | X X X | X X X | | |
| 11. | 2008 | XXX | X X X | X X X | X X X | XXX | XXX | X X X | X X X | X X X | |

SECTION 2

| | | | | | | O I IOIN Z | | | | | |
|-----|---------------|------|------|------|-------------|--------------|--------------|--------------|------|------|------|
| | Years in | | | N | UMBER OF AS | SUMED CLAIMS | S OUTSTANDIN | G AT YEAR EN | D | | |
| W | hich Premiums | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| , | Were Earned | | | | | | | | | | |
| | and Losses | | | | | | | | | | |
| ١ | Nere Incurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| 1. | Prior | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | |
| 3. | 2000 | XXX | | | | | | | | | |
| 4. | 2001 | xxx | XXX | | | | | | | | |
| 5. | 2002 | XXX | XXX | XXX | | | | | | | |
| 6. | 2003 | XXX | XXX | XXX | XXX | | | | | | |
| 7. | 2004 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. | 2005 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. | 2006 | xxx | XXX | XXX | XXX | xxx | xxx | XXX | | | |
| 10. | 2007 | xxx | XXX | XXX | XXX | xxx | xxx | XXX | XXX | | |
| 11. | 2008 | xxx | XXX | XXX | XXX | xxx | xxx | xxx | XXX | XXX | |

SECTION 3

| | | | | | OL | CHONS | | | | | |
|-----|----------------|------|------|-------|--------------|---------------|--------------|--------------|-------|------|------|
| | Years in | | | CUMU | LATIVE NUMBE | R OF CLAIMS F | REPORTED ASS | SUMED AT YEA | R END | | |
| V | Vhich Premiums | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Were Earned | | | | | | | | | | |
| | and Losses | | | | | | | | | | |
| | Were Incurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| 1. | Prior | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | |
| 3. | 2000 | XXX | | | | | | | | | |
| 4. | 2001 | XXX | XXX | | | | | | | | |
| 5. | 2002 | XXX | XXX | X X X | | | | | | | |
| 6. | 2003 | XXX | XXX | XXX | XXX | | | | | | |
| 7. | 2004 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. | 2005 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. | 2006 | XXX | XXX | X X X | X X X | XXX | XXX | XXX | | | |
| 10. | 2007 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. | 2008 | XXX | XXX | XXX | XXX | XXX | XXX | xxx | XXX | XXX | |

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (Continued) SCHEDULE P - PART 6 SECTION 1

| | Years in | | | CUMUI AT | IVE ASSUMED | PREMIUMS I | | FAR FND (\$00 | 00 Omitted) | | | 11 |
|-----|-----------------|-------|-------|----------|-------------|------------|-------|---------------|-------------|-------|-------|--------------|
| | Which Premiums | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 '' |
| | Were Earned | • | _ | | 7 | | | , | | | | Current Year |
| | and Losses | | | | | | | | | | | Premiums |
| | Were Incurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | Earned |
| 1. | Prior | | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | | |
| 3. | 2000 | X X X | | | | | | | | | | |
| 4. | 2001 | X X X | X X X | | | | | | | | | |
| 5. | 2002 | X X X | X X X | X X X | | | | | | | | |
| 6. | 2003 | X X X | X X X | X X X | X X X | | | | | | | |
| 7. | 2004 | X X X | X X X | X X X | X X X | X X X | | | | | | |
| 8. | 2005 | X X X | X X X | X X X | X X X | X X X | X X X | | | | | |
| 9. | 2006 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | | | | |
| 10. | 2007 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | | | |
| 11. | 2008 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | | |
| 12. | TOTAL | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 13. | Earned Premiums | | | | | | | | | | | |
| | (Sc P-Pt 1) | | | | | | | | | | | X X X |

SECTION 2

| | | | | | | SECTION 2 | • | | | | | |
|-----|-----------------|-------|-------|--------|------------|------------|-------------|---------------|----------|-------|-------|--------------|
| | Years in | | | CUMULA | TIVE CEDED | PREMIUMS E | ARNED AT YE | AR END (\$000 | Omitted) | | | 11 |
| | Which Premiums | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Were Earned | | | | | | | | | | | Current Year |
| | and Losses | | | | | | | | | | | Premiums |
| | Were Incurred | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | Earned |
| 1. | Prior | | | | | | | | | | | |
| 2. | 1999 | | | | | | | | | | | |
| 3. | 2000 | X X X | | | | | | | | | | |
| 4. | 2001 | X X X | X X X | | | | | | | | | |
| 5. | 2002 | X X X | X X X | X X X | | | | | | | | |
| 6. | 2003 | X X X | X X X | X X X | X X X | | | | | | | |
| 7. | 2004 | X X X | X X X | X X X | X X X | X X X | | | | | | |
| 8. | 2005 | X X X | X X X | X X X | X X X | X X X | X X X | | | | | |
| 9. | 2006 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | | | | |
| 10. | 2007 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | | | |
| 11. | 2008 | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | | |
| 12. | TOTAL | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | |
| 13. | Earned Premiums | | | | | | | | | | | |
| | (Sc P-Pt 1) | | | | | | | | | | | X X X |



SCHEDULE O SUPPLEMENT

Due March 1

For the Year Ended December 31, 2008
Of the NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
Address (City, State, Zip Code): Durham, NC 27701-3616

NAIC Group Code: 0000 NAIC Company Code: 67032 Employer's ID Number: 56-0340860

SUPPLEMENTAL SCHEDULE 0 - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| | | | Net Amounts Paid Policyholders | | | | | | | | | |
|----|----------------------|-------|--------------------------------|--------|--------|---------|--|--|--|--|--|--|
| | Year in Which | 1 | 2 | 3 | 4 | 5 | | | | | | |
| | Losses Were Incurred | 2004 | 2005 | 2006 | 2007 | 2008(a) | | | | | | |
| 1. | Prior | 3,070 | 150 | 18 | 539 | | | | | | | |
| 2. | 2004 | | 1,913 | (5) | (485) | | | | | | | |
| 3. | 2005 | X X X | 11,680 | 1,977 | | | | | | | | |
| 4. | 2006 | X X X | X X X | 14,690 | 1,912 | | | | | | | |
| 5. | 2007 | X X X | X X X | X X X | 11,552 | 732 | | | | | | |
| 6. | 2008 | X X X | X X X | X X X | X X X | 249 | | | | | | |

Section B - Other Accident and Health

| 1. | Prior | 161 | 9 | 0 | | |
|----|-------|-------|-------|-------|-------|-----|
| 2. | 2004 | 293 | 93 | 6 | | |
| 3. | 2005 | X X X | 291 | 86 | 7 | |
| 4. | 2006 | X X X | X X X | 360 | 129 | |
| 5. | 2007 | X X X | X X X | X X X | 213 | 122 |
| 6. | 2008 | X X X | X X X | X X X | X X X | 202 |

Section C - Credit Accident and Health

| 1. | Prior | | | | | |
|----|-------|-------|-------|-------|-------|--|
| 2. | 2004 | | | | | |
| 3. | 2005 | X X X | | | | |
| 4. | 2006 | X X X | X X X | | | |
| 5. | 2007 | X X X | X X X | X X X | | |
| 6. | 2008 | X X X | X X X | X X X | X X X | |

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT (Continued)

SUPPLEMENTAL SCHEDULE 0 - PART 2

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| | | | Net Amounts P | aid for Cost Contain | ment Expenses | |
|----|----------------------|-------|---------------|----------------------|---------------|------|
| | Year in Which | 1 | 2 | 3 | 4 | 5 |
| | Losses Were Incurred | 2004 | 2005 | 2006 | 2007 | 2008 |
| 1. | Prior | X X X | | | | |
| 2. | 2004 | | | | | |
| 3. | 2005 | X X X | 50 | | | |
| 4. | 2006 | X X X | X X X | 69 | | |
| 5. | 2007 | X X X | X X X | X X X | 17 | |
| 6. | 2008 | X X X | X X X | X X X | X X X | (1) |

Section B - Other Accident and Health

| 1. | Prior | X X X | | | | | |
|----|-------|-------|-----------------|-------|--|--|--|
| 2. | 2004 | | | | | | |
| 3. | 2005 | X X X | | | | | |
| 4. | 2006 | X X X | x x x | | | | |
| 5. | 2007 | X X X | x x x x x x . | | | | |
| 6. | 2008 | x x x | x x x x x x . | X X X | | | |

Section C - Credit Accident and Health

| 1. | Prior | X X X | | | | |
|----|-------|-------|-------|-------|-------|--|
| 2. | 2004 | | | | | |
| 3. | 2005 | X X X | | | | |
| 4. | 2006 | X X X | X X X | | | |
| 5. | 2007 | X X X | X X X | X X X | | |
| 6. | 2008 | X X X | X X X | X X X | X X X | |

SCHEDULE O SUPPLEMENT (Continued)

SUPPLEMENTAL SCHEDULE 0 - PART 3

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| | | Sum of Net Cumula | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | |
|----|----------------------|-------------------|--|--------|--------|--------|--|--|--|
| | Year in Which | 1 | 2 | 3 | 4 | 5 | | | |
| | Losses Were Incurred | 2004 | 2005 | 2006 | 2007 | 2008 | | | |
| 1. | 2004 | 7,917 | 7,561 | 7,401 | XXX | X X X | | | |
| 2. | 2005 | XXX | 14,789 | 13,701 | 13,657 | XXX | | | |
| 3. | 2006 | X X X | X X X | 16,454 | 16,660 | | | | |
| 4. | 2007 | X X X | X X X | X X X | 12,270 | 12,326 | | | |
| 5. | 2008 | X X X | X X X | X X X | X X X | 332 | | | |

Section B - Other Accident and Health

| 1. | 2004 | 448 | 449 | 392 | X X X | X X X |
|----|------|-----|-----|-----|-------|-------|
| 2. | 2005 | XXX | 433 | 526 | 385 | XXX |
| 3. | 2006 | XXX | XXX | 403 | 549 | 490 |
| 4. | 2007 | | XXX | | 359 | 335 |
| 5. | 2008 | XXX | YYY | XXX | X X X | 308 |

Section C - Credit Accident and Health

| 1. | 2004 | | | | X X X | XXX |
|----|------|-------|-------|-------|-------|-------|
| 2. | 2005 | X X X | | | | X X X |
| 3. | 2006 | X X X | X X X | | | |
| 4. | 2007 | XXX | XXX | X X X | | |
| 5. | 2008 | X X X | XXX | X X X | X X X | |

SCHEDULE O SUPPLEMENT (Continued)

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, | | | | | | Expenses, |
|---|----------------------|-----------|--------------------|-----------------------|-----------------------|-------------|
| | Year in Which | and Claim | and Cost Containme | nt Liability and Rese | erve Outstanding at E | End of Year |
| | Losses Were Incurred | 1 | 2 | 3 | 4 | 5 |
| | | 2004 | 2005 | 2006 | 2007 | 2008 |
| 1. | 2004 | | | | | |
| 2. | 2005 | X X X | 14,839 | | | |
| | 2006 | | | | | |
| 4. | 2007 | X X X | X X X | X X X | 12,287 | |
| 5. | 2008 | X X X | X X X | X X X | X X X | 331 |

Section B - Other Accident and Health

| 1. | 2004 | | | | | |
|----|------|-------|-------|-------|-----|-----|
| 2. | 2005 | x x x | 433 | | | |
| 3. | | x x x | XXX | 403 | | |
| 4. | 2007 | | X X X | | 359 | |
| 5. | 2008 | V V V | | X X X | | 308 |

Section C - Credit Accident and Health

| 1. | 2004 | | | | | |
|----|------|-------|-------|-------|-------|--|
| 2. | 2005 | X X X | | | | |
| 3. | 2006 | X X X | X X X | | | |
| 4. | 2007 | x x x | x x x | x x x | | |
| 5. | | X X X | | | X X X | |

SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

| | | 1 | 2 |
|-----|----------------------------|-----------------|--------|
| | Line of Business | Methodology | Amount |
| 1. | Industrial life | Development | 1,670 |
| 2. | Ordinary life | Development | 2,553 |
| 3. | Individual annuity | | |
| 4. | Supplementary contracts | | |
| 5. | Credit life | | |
| 6. | Group life | Development | 4,866 |
| 7. | Group annuities | | |
| 8. | Group accident and health | Standard Factor | 125 |
| 9. | Credit accident and health | | |
| 10. | Other accident and health | Development | 140 |
| 11. | Total | | 9,354 |



NAIC Group Code: 0000

NAIC Company Code: 67032

| NAIC Group Code. 0000 | | Individual Coverage | | Group Coverage | | ly Code. 67032 | |
|-----------------------|---|---------------------|-------------------|----------------|-------------------|----------------|--|
| | | 1 | 2 | 3 | 4 | 5 Total | |
| | | Insured | Uninsured | Insured | Uninsured | Cash | |
| 1. | Premiums Collected | | | | | | |
| | 1.1 Standard Coverage | | | | | | |
| | 1.11 With Reinsurance Coverage | | | | | | |
| | 1.12 Without Reinsurance Coverage | | X X X | | X X X | | |
| | 1.13 Risk-Corridor Payment Adjustments | | X X X | | X X X | | |
| | 1.2 Supplemental Benefits | | X X X | | X X X | | |
| 2. | Premiums Due and Uncollected - change | | | | | | |
| | 2.1 Standard Coverage | | | | | | |
| | 2.11 With Reinsurance Coverage | | X X X | | X X X | X X X | |
| | 2.12 Without Reinsurance Coverage | | | | | | |
| | 2.2 Supplemental Benefits | | X X X | | X X X | X X X | |
| 3. | Unearned Premium and Advance Premium - change | | | | | | |
| | 3.1 Standard Coverage | | | | | | |
| | 3.11 With Reinsurance Coverage | | | | | | |
| | 3.12 Without Reinsurance Coverage | | | | | | |
| | 3.2 Supplemental Benefits | | X X X | | X X X | X X X | |
| 4. | Risk-Corridor Payment Adjustments - change | | | | | | |
| | 4.1 Receivable | | | | X X X | X X X | |
| | 4.2 Payable | | X X X | | X X X | X X X | |
| 5. | Earned Premiums | | | | | | |
| | 5.1 Standard Coverage | | | | | | |
| | 5.11 With Reinsurance Coverage | | X X X | | X X X | X X X | |
| | 5.12 Without Reinsurance Coverage | | | | | | |
| | 5.13 Risk-Corridor Payment Adjustments | | X X X | | X X X | X X X | |
| | 5.2 Supplemental Benefits | | | | | | |
| 6. | Total Premiums | | | | | | |
| 7. | Claims Paid | | | | | | |
| | 7.1 Standard Coverage | | | | | | |
| | 7.11 With Reinsurance Coverage | | X X X | | X X X | | |
| | 7.12 Without Reinsurance Coverage | | | | | | |
| | 7.2 Supplemental Benefits | | | | | | |
| 8. | Claim Reserves and Liabilities - change | | | | | | |
| | 8.1 Standard Coverage | | | | | | |
| | 8.11 With Reinsurance Coverage | | X X X | | x x x | X X X | |
| | 8.12 Without Reinsurance Coverage | | | | X X X | XXX | |
| | 8.2 Supplemental Benefits | | | | | | |
| 9. | Healthcare Receivables - change | | | | | | |
| 0. | 9.1 Standard Coverage | | | | | | |
| | 9.11 With Reinsurance Coverage | | XXX | | XXX | x x x | |
| | 9.12 Without Reinsurance Coverage | | | | | X X X | |
| | 9.2 Supplemental Benefits | | | | | | |
| 10 | Claims Incurred | | ٨٨٨ | | | ٨٨٨ | |
| 10. | 10.1 Standard Coverage | | | | | | |
| | 10.11 With Reinsurance Coverage | | XXX | | XXX | XXX | |
| | 10.12 Without Reinsurance Coverage | | | | | | |
| | 10.12 Without Reinsurance Coverage | | | | | | |
| 11. | Total Claims | | ····· ^ ^ ^ ····· | | ····· ^ ^ ^ ····· | ^ ^ ^ | |
| 12. | Reinsurance Coverage and Low Income Cost Sharing | | ^ ^ ^ | | ^ ^ ^ | | |
| ۱۷. | 12.1 Claims Paid - net to reimbursements applied | V V V | | | | | |
| | | ······ ^ ^ | | ^ ^ ^ | | | |
| | 12.2 Reimbursements Received but Not Applied - change | | | | | | |
| | | | | | | | |
| | 12.3 Reimbursements Receivable - change | | | | | | |
| 10 | 12.4 Healthcare Receivables - change | | | | | | |
| 13. | Aggregate Policy Reserves - change | | | | | | |
| 14. | Expenses Paid | | X X X | | | | |
| 15. | Expenses Incurred | | X X X | | | | |
| 16. | Underwriting Gain/Loss | | X X X | | X X X | X X X | |
| 17. | Cash Flow Results | X X X | X X X | X X X | X X X | | |

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